



OC Neurodiagnostic Specialists

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Contact: Brad@eegtogo.com

310-666-7484

Name _____ DOB _____

Parent or Care Giver's name _____ Relationship _____

Phone Number _____ Email _____

Medications (please list all) _____

Indication for study _____

Check any or all that apply:

Epilepsy Dx Recent Seizure Head Injury Headaches Stroke

Developmental Delays Autism Spectrum Staring Spells

Clinical Information

Length of study: Routine 20 / 40 min 24 Hour 48 Hour 72 Hour

**All EEG studies will be done with continuous video recording, unless otherwise noted.*

Ordering Physician: _____ Signature _____