Alberta Health Services

EEG/Evoked Potentials Requisitions (Clinical Neurophysiology Laboratory)

For Booking **Call** 403.956.3484 or **Fax** 403.219.0967.

Last Name	First Name
Date of Birth *(yyyy-Mon-dd)*	Gender
Personal Health Number	Hospital ID (if applicable)
Address	
Postal Code	Contact Number	Alternate Number

Date *(yyyy-Mon-dd)*	Site ☐ FMC ☐ PLC ☐ RGH ☐ SHC

Type of Request

☐ EEG
- ☐ Routine
- ☐ Fasting S/D

☐ Evoked Potentials
- ☐ Visual
- ☐ Auditory
- ☐ Sensory - Upper
- ☐ Sensory - Lower

Reason for Referral

History

Current Medications

Previous Investigations

Name of Referring Physican	Phone Number	Fax Number	Copy of Report to *(Physician)*