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<tr>
<th>Date</th>
<th>Name</th>
<th>Phone (mobile)</th>
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<tr>
<th>Date of Birth</th>
<th>(other)</th>
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<tr>
<th>PHN</th>
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<th>Female</th>
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Allergies or Adverse Reactions: 

Special Precautions (please mention any physical or cognitive limitations): 

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Exam Requested

- [ ] EEG
- [ ] Sleep Deprived EEG
- [X] Routine
- [ ] VEP
- [ ] ABR
- [ ] SSEP (Upper)
- [ ] Urgent

Indication for Exam:

History & Physical Findings:

Medications:

Ordering Physician: 

Print ____________________________

Signature ____________________________

Copies to: ____________________________

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**APPOINTMENT**

**DATE** ______________ **TIME** ______________

Please arrive 15 minutes prior to appointment time.
Report to: Abbotsford Regional Hospital
Diagnostic Services
3rd Floor - Fraser Wing
Desk # 3 to register. Do not take a number.

PLEASE ARRIVE 15 MINUTES EARLY

TO PREPARE FOR YOUR TEST FOLLOW THESE INSTRUCTIONS

1. Wash and dry your hair
   Do NOT use hairspray, gel or any other hair products
   (Hair products will interfere with the test.)

2. Eat a regular meal within 2 hours BEFORE having your EEG

3. Reduce the amount of CAFFEINE PRODUCTS within 24 hours before your test
   (Examples: tea, coffee, chocolate, soda, energy drinks) *

4. Take your medication as usual.
   BRING A LIST OF ALL MEDICATION TO YOUR TEST

5. Bring a comb, hat or hair elastic as your hair will be messy after the test.

Sleep Deprived EEG

6. Sleep from 10 PM to 2 AM
   Get up at 2 AM and stay awake until you start the test.
   *Do NOT drink tea, coffee, chocolate, soda, energy drinks (or anything with caffeine)
   within 24 hours of the test

If you are unable to come to your appointment, and need to reschedule, or cancel, please call 604-851-4853