Please check with insurance provider to ensure the ordered tests are covered - some tests require medical necessity.

Fax completed referral with any current office notes to Patient Access Services: 231-935-3203

### PRESENTING DIAGNOSIS:

#### Epilepsy
- generalized nonconvulsive (345.0)
- generalized convulsive (345.1)
- generalized convulsive, without mention of intractable (345.10)
- infantile spasms (345.6)

#### Absence Epileptic Syndrome
- not intractable with status epilepticus (G40.A01)
- not intractable without status epilepticus (G40.A09)
- intractable with status epilepticus (G40.A11)
- intractable without status epilepticus (G40.A19)

#### Juvenile Myoclonic Epilepsy
- not intractable with status epilepticus (G40.B01)
- not intractable without status epilepticus (G40.B09)
- intractable with status epilepticus (G40.B11)
- intractable without status epilepticus (G40.B19)

#### Other Generalized Epilepsy and Epileptic Syndromes (G40.4)
Specify:

#### Lennox-Gastaut Syndrome
- not intractable with status epilepticus (G40.8.11)
- not intractable without status epilepticus (G40.812)
- intractable with status epilepticus (G40.813)
- intractable without status epilepticus (G40.814)

#### Visual Disturbances (H53)

#### Psychophysical Visual Disturbances (H53.16)

### TESTING / ORDERS

- Awake Drowsy
- Awake/Sleep
  - Routine
  - Extended 1 hour
  - Extended 2 hour
- Prep
  - 4 hour sleep deprivation
  - 24 hour sleep deprivation
- Take Home Ambulatory EEG
  - 24 hour
  - 48 hour
  - 72 hour

### CONDITIONS NOT COVERED
(Not limited to the following)
- Alcoholism
- Attention-deficit/hyperactivity disorders (ADD/ADHD)
- Depression
- Drug/substance abuse
- Mild or moderate head injury
- Learning disability
- Schizophrenia

### ADDITIONAL INSTRUCTIONS:

- Phone Results To: ____________________________
- Fax Results To: ____________________________
- Send Results Stat

Copy Report To: ________________________________

Ordering Physician (Print) ____________________________ Ordering Physician Signature ____________________________ Date ____________________________