



Please email this complete form to info@nyota-tano.com

1 - SELECT EEG:

- EEG awake
- EEG awake and asleep
- Prolonged (inpatient) EEG
- Ambulatory EEG

2 - SELECT SETUP LOCATION

- Office Community
- Office Hospital
- Home
- Hospital Ward or ICU

3 - LENGTH OF AMB RECORDING

- 4 HOURS 24 HOURS 48 HOURS
- 72 HOURS Other _____

4- REASON FOR THE STUDY

- Epilepsy
- Seizures
- STATUS EPILEPTICUS
- ENCEPHALPATHY
- EVENT CLASSIFICATION
- BRAIN INJURY
- CSWS
- OTHER:

5- BRIEF CLINICAL HISTORY

Nyota Tano Diagnostics Ltd
Normavilla, River Road, Bridgetown,
St. Michael, Barbados

email: info@nyota-tano.com website: www.nyota-tano.com

PATIENT NAME:

Address:

Phone:

email:

DOB:

M/F

REFERRING PHYSICIAN NAME:

Address:

Phone:

Fax:

Email:

Referring Physician Statement

I certify to the best of my knowledge that this test and any interpretation is medically necessary in order to diagnose my patient. I understand that this test and any interpretation provided are intended only to supplement my diagnosis of this patient's condition. I recognize that Nyota-Tano Diagnostics will not provide a diagnosis of this patient nor will Nyota-Tano Diagnostics Ltd. recommend any therapeutic measures for this patient.

PHYSICIAN SIGNATURE

DATE:
