THE UNIVERSITY OF CHICAGO MEDICINE
Comer Children's

REQUEST FOR EEG RECORDING ON DVD

Date of Request _____ Date Needed _____

Patient's name _____ Name of person making request _____

Patient's date of birth _____ Relationship to the patient _____

Patient MR Number: _____ Phone Number _____

The date(s) of service for your child's EEG.

Special Instructions:

Preferred Delivery Mode:

Tech Generating Request _____

DVD(s) completed on _____ DVD(s) By _____ # of DVD(s) _____

- There is a fee of $10.00 per DVD. For example
  - Routine EEG recordings:
  - 24-hour Long Term Monitoring Video EEG recordings: Approximate cost is $10.00 per day - i.e. if your child was recorded for 3 days, the maximum cost would be $30.00
    Please note: **The EEG Report must be requested through Medical Records**

- You may pay with cash, check, or money order
  Make all checks and money orders must be made payable to:
  University of Chicago Medicine
  On the Memo line write: EEG on DVD
- You may pay in person at Comer Children's at 5721 S Maryland Ave in Room K-553.
- You may mail your payment to:
  University of Chicago Medicine
  5841 S Maryland Ave. / Room C391
  Chicago, IL 60637 MC:3005
  Attention: Pediatric Neurology

[ ] Medical Release of Information Verification _____

[ ] Payment Verification _____ Amt $_____

[ ] Delivery Verification _____ Mode _____

Completion Date _____ Tech Signature _____