

Lake Forest Hospital

Neurodiagnostics
1000 North Westmoreland Road
Main Entrance
Lake Forest, Illinois 60045

SCHEDULING:
847.535.8000 office
847.535.8001 fax

nm.org

Thank you for referring your patient for Neurodiagnostic Services at Northwestern Medicine Lake Forest Hospital. Appointments for service should be made by calling Patient Scheduling at 847.535.8000. Orders may be faxed to 847.535.8001.

EEG Patients: Patients should enter through the hospital Main Entrance to the Registration Department **20 minutes** before their appointment. Registration Department hours are 6:00 am to 7:30 pm (Monday to Friday) and 6:30 am to 1:00 pm (Saturday). Please bring your insurance card(s) and a referral from your physician if required by your insurance provider. For questions or more information, please call EEG at 847.535.8025.

EMG Patients: Patients should enter the hospital Main Entrance to the Registration Department **15 minutes** before their appointment. Please bring your insurance card(s), identification and referral from your physician if required by your insurance provider. For questions or more information, please call the Rehabilitative Services/EMG Department at 847.535.6520 and choose option 2.

In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite your request.

PATIENT INFORMATION

Last Name First Name

Date of Birth

Home Phone Number Work/Cell Phone Number

PHYSICIAN INFORMATION

Referring Practitioner Last Name First Name

NPI # Practitioner's Fax Number

Practitioner Office Address (for test results)

City State Zip

Practitioner's Signature Date

SIGNS AND SYMPTOMS/DIAGNOSIS/ICD CODE(S)

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD Code(s) for each test/treatment. Do not include a "rule-out" diagnosis.

RELEVANT MEDICAL HISTORY

- Seizures
- "Spells"
- Headaches
- Stroke
- Head injury
- Other injury: _____

- Repetitive motion/
carpal tunnel
- Pain: _____

- Numbness
- Weakness
- Other: _____

EMG ORDERS TEST NAME

- EMG
- NCV
- EMG/NCV
- Upper Extremity
R L B
- Lower Extremity
R L B

EEG ORDERS

*Testing of the face and diaphragm should be scheduled at the NMH Neurological Testing Center which is located at:
Galter Pavilion
201 E. Huron St., 7th floor
Chicago, IL 60611
T 312.926.8120
F 312.926.6637*

- Routine EEG
- Other: _____