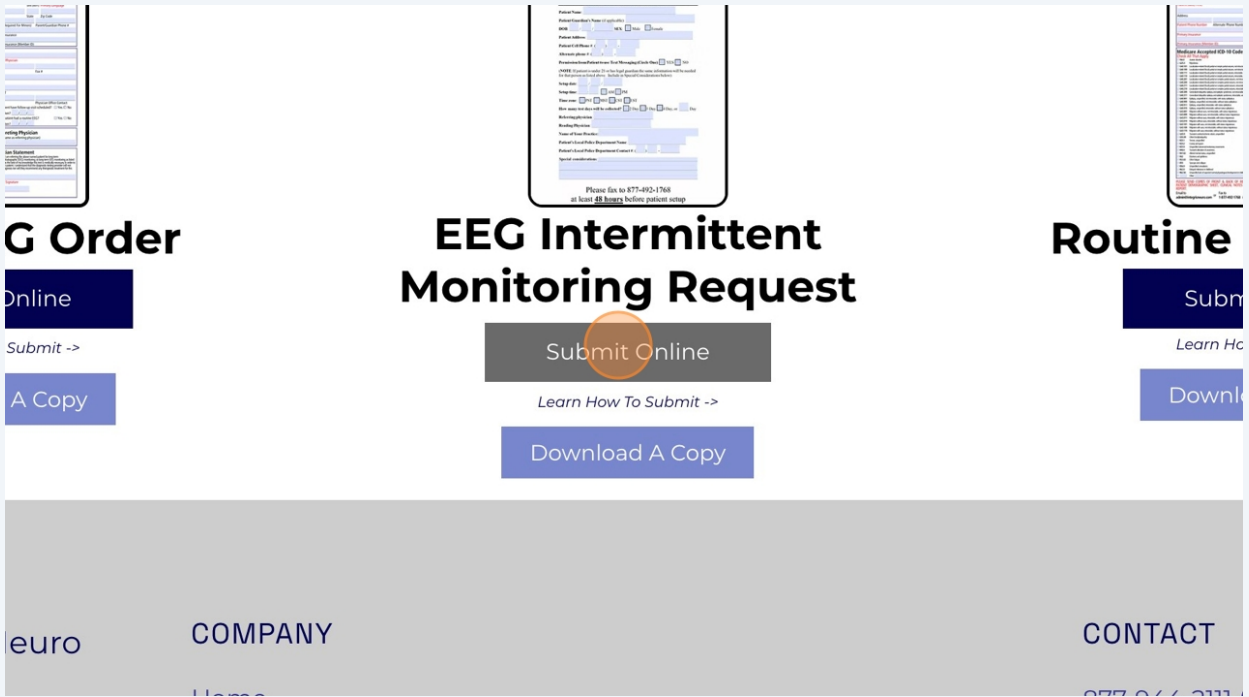


Intermittent EEG Monitoring Request - Order Form Instructions

You are always welcome to submit your orders via fax to either: 877-492-1768 or 877-944-2111, however if you prefer to submit your orders online go to www.integrisneuro.com/order-forms and follow the instructions below.

1 Navigate to <https://www.integrisneuro.com/order-forms>

2 Click "Submit Online"



3 Click "Start Filling"

DOB: ___/___/_____ SEX: Male Female

Patient Address: _____

Patient Cell Phone #: (____) _____

Alternate phone #: (____) _____

Permission from Patient to use Text Messaging (Circle One): YES NO

(NOTE: If patient is under 21 or has legal guardian the same information will be needed for that person as listed above. Include in Special Considerations below).

Setup date: ___/___/_____

Setup time: _____

Time zone: PST MST CST EST

How many test days will be collected? 2 Day 3 Day 4 Day, or ___ Day

Start Filling →

4 Fill in the form with necessary information.

Order Form

Patient Information

Patient Name *

Date of Birth *

Sex *

Month Day Year

Male

Female

Patient Guardian's Name (if applicable)

5 Be sure to fill in all fields highlighted Red as these are required.

Order Form

Patient Information

Patient Name *

Date of Birth *

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="📅"/>
Month	Day	Year	

Sex *

Male

Female

Patient Guardian's Name (if applicable)

6 Click "Next"

ations


Next

7 Add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.)



NEURO


Please add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.)



Browse Files
Drag and drop files here

Back

Submit

8 Click "Submit"


Browse Files
Drag and drop files here



9

Your order has been submitted at this point.



Thank You!

Your submission has been received