Routine EEG - 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.

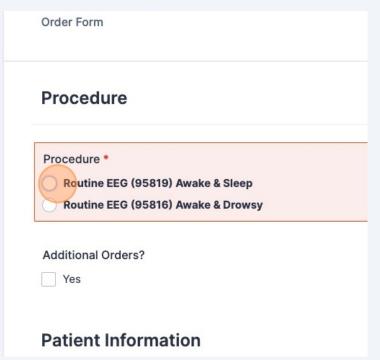
1 Navigate to https://www.integrisneuro.com/order-forms



Click "Start Filling"



4 Fill in the form with necessary information.



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

Patient Information

Patient (Last, First) *

Date of Birth *

MM-DD-YYYY

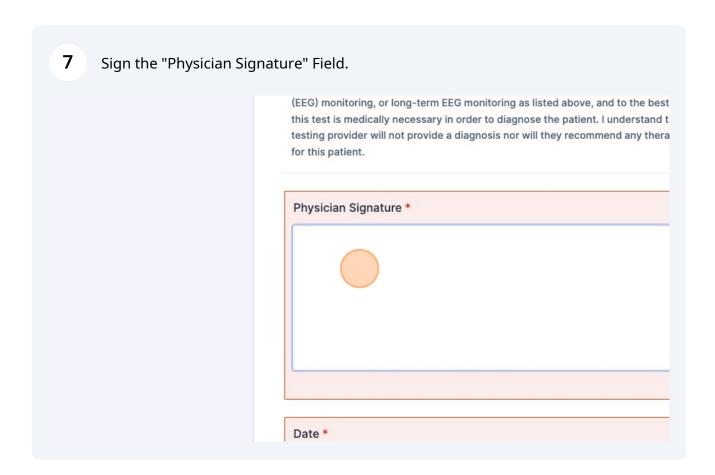
Date

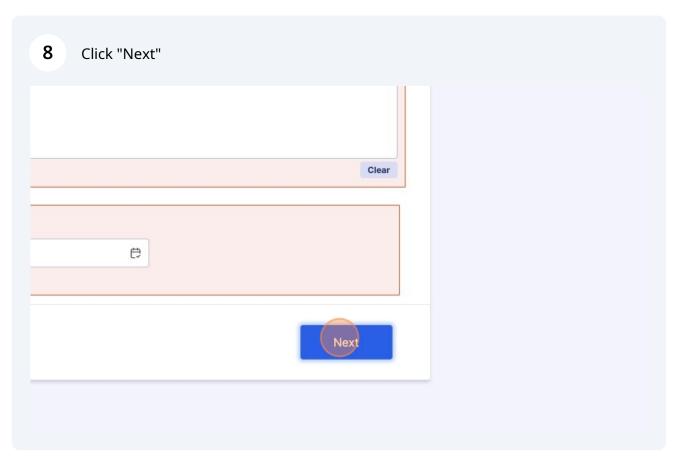
Sex (M/F) *

Primary Langua

Address *

6 Select All ICD-10 Codes that will apply to this order. Interpreting Physician * Self Other Medicare Accepted ICD-10 Codes (Check All That Apply) F84.0 - Autistic disorder G25.3 - Myoclonus G40.101 - Localization-related (focal) partial w/ simple pa intractable, w/ status epilepticus G40.109 - Localization-related (focal) partial w/ simple p intractable, w/o status epilepticus G40.111 - Localization-related (focal) partial w/ simple pa w/ status epilepticus G40.119 - Localization-related (focal) partial w/ simple pa w/o status epilepticus





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

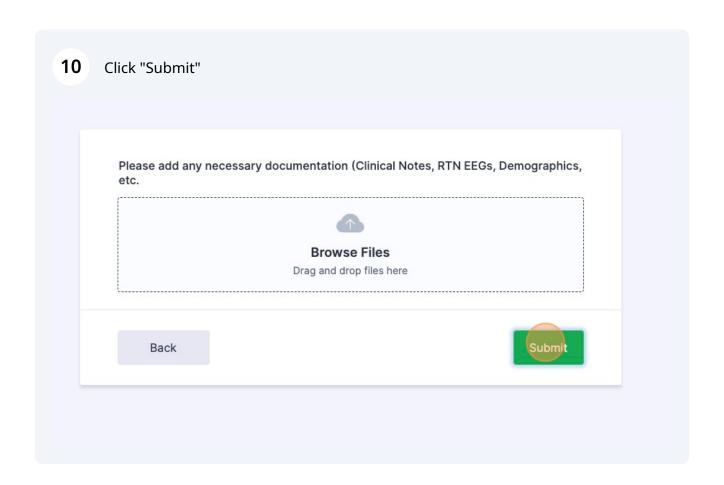
Please add any necessary documentation (Clinical Notes, RTN EEGs, Demographics, etc.

Browse Files

Drag and drop files here

Back

Submit



11 Your order has been submitted at this point.

