

# AUSTIN EPILEPSY CARE CENTER

## AMBULATORY EEG INSTRUCTIONS

**This EEG is non-invasive and will not cause any pain or headache, it will just record data. Our technician will apply the electrodes which are connected to a lightweight recorder. The recorder is in a pouch that you can wear around your waist like a fanny pack over your shoulder. It is important to keep the pouch close to your body to avoid it being shaken or dropped.**

**THIS EQUIPMENT IS VERY SENSITIVE. IT IS IMPORTANT TO NOT DISRUPT THE RECORDING PROCESS. THIS EQUIPMENT CANNOT GET WET. DO NOT OPEN THE POUCH THAT HOLDS THE EQUIPMENT.**

**Hair:** Please wash your hair prior to your appointment and arrive with clean, dry hair. Avoid hair sprays, gels or mousse prior to the study.

**Medications:** Take your medications as normal.

**Daily Routine:** It is okay to keep your daily routine. A special glue is used to keep the electrodes attached for the length of the study. Avoid activities that include the possibility of the electrode cords to be pulled.

**Restrictions:** This equipment cannot get wet. Do not shower, take a bath, swim or sweat while wearing this device. **We recommend you wear a button down shirt so you do not have to pull a shirt over your head. You may wear a loose fitting hat or scarf.** Do not chew gum while wearing the EEG.

**Diary:** You will be given a diary to record your activities and symptoms.

**Insurance:** If your insurance has an office visit copay, we will collect that at the time of your EEG. Some insurance policies will apply deductible or coinsurance to this test. **You may contact your insurance to verify your coverage by requesting coverage for CPT code 95953 (EEG testing) done in office.** We will file the claim for you and if your insurance applies any charges to your deductible/coinsurance we will send you a statement to remit payment at that time. Verification of benefits does not guarantee coverage and you will be responsible for anything your insurance applies as your responsibility per our financial policy.

**Cancel/Reschedule:** To accommodate patients and staff, if you need to cancel or reschedule your appointment, we require a minimum of 24 hour notice.

Your doctor will go over the results with you at your next scheduled appointment.

Appt date/time to connect: \_\_\_\_\_ Appt date/time to disconnect \_\_\_\_\_