

EEG Documentation Form



Fill out the form to log your required EEGs (100, 150, or 200), have supervisor sign, and you submit. Indicate hospital name and phone number of OR scheduling office or hospital office for verification of cases. You only need to write information down once. If more than one hospital, indicate as hospital #1, #2, ect. **Candidate must be present and an active participant in the set-up and recording.** ABRET will accept up to three EEG cases per day.

Candidate Name:						
Number	Date of Recording	Hospital/Clinic Office Name & Phone Number	Reading Physician	Type of Recording (Routine, Bedside, ect)	Length of Recording	Additional Monitors
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I certify that the information provided is true and accurate.

Signature of Supervisor

Date

Print Name

Phone #