



**Radiology Exams Ordered on Separate Form**  
 2100 Clinch Avenue, Knoxville, TN 37916 — Parking Garage C  
 Please register in Medical Office Building Suite 210

# Neurodiagnostics

Patient's last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_ DOB \_\_\_\_\_

Allergies: \_\_\_\_\_ Meds: \_\_\_\_\_

Reason for the test: \_\_\_\_\_

STAT  Call to: \_\_\_\_\_  **Consult for sedation/anesthesia based on patient screening characteristics**

Provider - Please print: \_\_\_\_\_

Signed: Ordering Provider: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

ID/ Policy #: \_\_\_\_\_ ID/ Policy #: \_\_\_\_\_

Precert #: \_\_\_\_\_ Precert #: \_\_\_\_\_

<b>NEURODIAGNOSTICS:</b> Call (865) 523-5437 to schedule / Fax (865) 246-7572 Please register in Medical Office Building Suite 210.	
<input type="checkbox"/>	BAER - Brainstem Auditory Evoked Response (BAER)
<input type="checkbox"/>	EEG - Ambulatory (24 Hour) with video
<input type="checkbox"/>	EEG - Awake & Asleep
<input type="checkbox"/>	EEG - 6 hour long term monitoring with video (outpatient)
<input type="checkbox"/>	ERG - Electroretinography
<input type="checkbox"/>	VER - Visual Evoked Response