



VEEG Information Sheet

Patient Name: _____

Schedule Test Date: _____

Return Equipment Date/Time: _____

IMPORTANT PLEASE READ BEFORE SIGNING...YOU ARE AGREEING TO RETURN THIS EQUIPMENT AT THE TIME AND DATE SPECIFIED. IF YOU CANNOT DO SO PLEASE REQUEST TO SCHEDULE THE TEST AT AN ALTERNATE LOCATION.

Instructions:

1. **Your child will be connected to a monitor for 24 hours. They will not be able to attend school and you may need to miss work to assure the test is complete.**
2. Although the camera is portable, keep camera plugged in as much as possible and in the view of the patient.
3. If leads disconnect during the test, DO NOT attempt to reattach. If more than half of the leads are disconnected, discontinue exam and call our office.
4. Once test has reached 24 hours, remove leads by gently pulling off. DO NOT CUT OR KINK PLEASE.
5. Do NOT attempt to turn off or tamper with the equipment.
6. Equipment MUST be returned when instructed and before 2:00pm
7. **Fill out Event Log Sheet and return with equipment.**

Removing Leads:

Carefully peel off any tape on the forehead and gently pull off leads from head. Remove any pieces of gauze and patches left on leads. Place electrodes in a plastic bag or wrap tips in paper towel and place inside the book bag provided. Wash hair with warm water to allow paste to dissolve.

Reminder: Staff will not remove leads at the office. Please remember to return the camera charger with the equipment.

Important numbers: Carlos (786) 597-4990 (tech), Office 561-753-8888 ext 1601, after hours 561-355-1051

Late fee- \$25/hour, \$50 trip charge, \$350.00/day max will be assessed to your account if equipment is not returned by the specified DATE/TIME given by the technician. In addition, the patient is responsible for any loss or damage to the equipment. The balance will need to be paid in full before your next apt. Please make sure we have 2 good numbers on file to reach you.

By signing I stated I agree to the above terms:

Parent Signature: _____

Printed Name: _____

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