



## Long Term Electroencephalogram (LTM) Instructions Orlando Office

A signature below is to confirm that you have read, understand and accept the information provided to you.

**\*CANCELLATIONS\*** require a 72 hour prior notice (3 business days) or \$125.00 NO SHOW FEE will be applied.

Appointment time is exactly at 6:00 AM, if you are running late please call 407-810-0543.

Otherwise the appointment may be cancelled and a standby patient will be called to come in.

**Please make sure your child has followed all of the following instruction before coming for the LTM appointment:**

- Sleep Deprived
  - Newborn - 1 year old No sleep for at least 4 hours before the EEG. (Please hold off feeding baby until testing)
  - 1 year - 5 year old Bedtime should be 2 hours later than normal and awakened 2 hours earlier than normal.
  - 5 year -18 year old Bedtime should be at midnight, and awakened at 5:00 am; or 5 hours or less of sleep.
- Hair should be washed and dried the night before the test. No Hair products (including hairspray, gel, mouse and oils). If patient has long hair; please leave hair loose (with no braids or weaves).
  - Important: Please check patient's hair for lice. If patient's hair has lice we cannot perform test.
- Medications taken on daily basis can be given to patient unless doctor advised not to do so.
- If patient is prescribed Clonidine, please give patient one (1) pill one (1) hour before test and bring the rest with you. If patient is prescribed clonidine daily DO NOT give clonidine the night before test.
- No sugar or Caffeine for 12 hours prior to the EEG
- At least one parent or other person over the age of 18 has to be with the patient; no siblings
- Bed, TV, and toys are provided. If you feel you would like to bring other necessities such as: your own blanket, pillow or anything to make yourself and the patient comfortable feel free.
- There is a PlayStation 3, so you may bring games and movies. NetFlix is also available. No cable TV.
- You can bring any outside food for breakfast and lunch.

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Patient Name

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Date of Birth

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Signature of parent/legal guardian or patient 18 years or older

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Date