

PLEASE GO TO THE RESTROOM PRIOR TO THIS PROCEDURE

ROUTINE / SLEEP DEPRIVED EEGS

PATIENT INSTRUCTIONS

An EEG is a recording of electrical activity produced from the brain. Approximately 21 disk electrodes are *placed onto your scalp with sticky conductive paste*. Two EKG electrodes will also be placed on your chest to record your heart rate simultaneously with the EEG. There are two activation procedures performed. The first activation is a strobe light which will be placed in front of your face over your closed eyes, and will flash for approximately three minutes, in increasing frequencies every ten seconds. The second activation is to perform 3 minutes of deep breathing (unless you are unable due to health reasons). At this point, the remainder of the test is performed while you are resting or sleeping.

IMPORTANT INSTRUCTIONS FOR IN-OFFICE EEGs (please refer to your order form)

1. **ROUTINE EEG (EEG) or ROUTINE EEG with T1 T2 Leads (allow approximately 1.5 hours)**
Only have **6 hours of sleep** the night before the test and refrain from caffeine.
2. **SLEEP DEPRIVED EEG (SDTT) (allow approximately 1.5 hours)**
Only have **4 hours of sleep** the night before the test, in order to be able to sleep during the testing and refrain from caffeine (coffee/tea/chocolate etc.) prior to testing. ***If necessary, you may be given a mild sedative (melatonin, an over-the-counter sleep aid) and you will be required to HAVE SOMEONE DRIVE YOU HOME AFTER THE TEST. You will not be able to drive for 8 hours following sedation.***

IMPORTANT INSTRUCTIONS

- A. **Hair**
Wash and dry your hair before the test. Please ***do not use hair products (hairspray, oils, gel, etc. because they prevent the electrodes from sticking on (-conditioner is OK).*** No ***weaves, braids, dreadlocks, hair extensions, cornrows or attached toupees,*** as they impede placing the electrodes in the required areas ***and MAY CAUSE YOUR TEST TO BE RESCHEDULED.***
- B. **Medications:** You should take **ALL** your medications, unless otherwise instructed by your doctor.
- C. **Meals:** Please eat your regular meals; however **DO NOT** drink beverages containing Caffeine (ex. Coffee, tea, colas, chocolate). Decaffeinated beverages are allowed.
- D. **Illness:** If you are coughing or sneezing in excess due to cold or illness, please reschedule your appointment.

**A \$75.00 FEE WILL BE CHARGED FOR ALL APPOINTMENTS
MISSED OR NOT CANCELLED 24 HOURS IN ADVANCE.**

- **PLEASE DO NOT BRING CHILDREN TO TESTING APPOINTMENTS.**
- **PLEASE ALLOW 10 BUSINESS DAYS FOR THE RESULTS OF THIS TEST TO BE AVAILABLE TO YOUR DOCTOR.**