










# **NEURO EXPERT SERVICES, INC.**

## **Order Form Steps:**

-  Please fill out the order form (printed version).  
NOTE: The ordering practitioner must sign the order form.
-  Please include any special instructions on the order form.
-  Please include the latest clinical notes regarding this patient.
-  Please include a copy of the most recent routine EEG report (within the past 12 months).
-  Please include the patient's insurance and demographic information.
-  Please include complete information about patients medical insurance including Group#, Member Id and telephone number.
-  Please Fax all the information to Neuro Expert Services at 1-800-829-9291.
-  Our promise to you - We will promptly confirms all orders and will contact your office with any questions.
-  Our Contact Information:  
Phone: 1-281-829-9291  
email: [support@neuro-experts.com](mailto:support@neuro-experts.com)  
[www.neuro-experts.com](http://www.neuro-experts.com)