



**RAJIV M. JOSEPH, M.D., Ph.D., F.A.A.N.**

**NEUROLOGY & SLEEP MEDICINE**

**www.md4sleep.com • www.md4brain.com**

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**REGULAR & AMBULATORY**  
**ELECTROENCEPHALOGRAM (AEEG)**

Revised RJMDPA04/03/2009

**Ambulatory Electroencephalogram Test (AEEG):** This study helps Dr. Joseph to analyze your brain waves and determine whether there are any clues for abnormal electrical activity in the brain. The testing is for 48 or 72 hours depending on the clinical evaluation. The process of getting you ready for the testing may take about 1- 2 hours and involves placing small surface electrodes on the head and face. These electrodes will be connected to a portable recording device that you will carry home. The recording will continue as long as you have not dislodged the electrodes. When you return the next day the technician will remove the electrodes and download the data collected for analysis. By analyzing changes in your brain waves, Dr. Joseph is able to determine whether there are abnormalities that place you at a higher risk for abnormal brain discharges. Please visit our website: [www.DallasNeurology.com](http://www.DallasNeurology.com)

**PREPARATION**

**DAY-1:**

The recording electrodes will be placed and the monitoring device set up

**TIMING:** Please plan to be at the Clinic at your scheduled time

**SHOWER:** Before coming to the Clinic, it is important to take a shower and shampoo your hair. Thereafter, do not apply any lotion or cream.

**CLOTHING:** It is helpful to dress lightly, preferably with a front open shirt

**NAPS:** Do not take any naps prior to testing

**TOBACCO/CAFFEINE:** On the day of the test, you must avoid all stimulants such as tobacco and caffeine, including soft drinks, coffee, tea, etc.

**DRIVING:** If you are too drowsy to drive on the day of the test, please have a friend or family member drive.

**RECORDING DEVICE:** Please handle the recording device carefully. Do not drop it or allow water to fall on it.

**DAY-2:**

**BATTERY CHANGE:** At that time, electrodes may be replaced or re-applied as necessary.

**DAY-3:**

**SHOWER:** Do not shower. This may dislodge the recording electrodes

**RECORD:** Record any unusual sensations or events that occur in the log form provided to you

**TIMING:** Return to the Clinic at the scheduled time, so that the data can be downloaded for analysis

**FOLLOW UP:** Please make an appointment to revisit with Dr. Joseph as soon as possible.

I acknowledge that I have read this document and have no questions.

Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_