

MEDICAL CENTER BARBOUR
820 West Washington Street
Eufaula, Alabama 36027

ELECTROENCEPHALOGRAM

Patient: <PNAME>
DOB: <DOB>
Age: <AGE>
MR #: <HSTNO>
Account #: <PATNO>
Physician: <DICPHY>
Attd. Physician: <PHYNAME>
Service Date: <ADATE>
Service Code: <HSV>

DESCRIPTION:

IMPRESSION:

<DICPHY>

/
DD:
DT:

ELECTROENCEPHALOGRAM
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Patient: <PNAME> MR#: <HSTNO>