UR Medicine Epilepsy Center
Ambulatory EEG Log Sheet

Name_____ Unit #_____Date_____

Return for disconnect (Date & Time) _____

- Please note reasons when **Event Button is pressed**, meal times, brushing teeth, bedtime, and wake up times.
- Please do not shower, wet hair, chew gum or scratch electrodes off. If you have any questions or concerns, please call 275-2222 and ask for the EEG technologist on call to be paged.

Time	Description