



Patient name:
 Date of Birth:
 Age:
 Date of Test:
 Test medications: no medications on board
 CNSR Patient ID:

Referring physician:
 Address:
 Phone:
 Technician:

Summary of rEEG Findings

Section 1: Overall Abnormality			
Test Type	Test Date	Test Medications	Neurophysiologic Abnormality*
Type I	9/10/2009	no medications on board	High Moderate /Low

* as measured by rEEG features

Section 2: Drug Class Correlations				
Drug Class	Test Type	Test Date	Sensitivity	Biomarker Predominance
Beta Blockers	Type I	9/10/2009	Sensitive/ Intermediate /Resistive	High/Moderate/ Low
Anticonvulsants	Type I	9/10/2009	Sensitive/ Intermediate /Resistive	High Moderate /Low
Antidepressants	Type I	9/10/2009	Sensitive /Intermediate/Resistive	High Moderate/Low
Stimulants	Type I	9/10/2009	Sensitive/Intermediate/ Resistive	High/Moderate/ Low

Correlations are based on a subset of more than 1,600 patients in the rEEG database having (1) similar rEEG features to this patient and (2) a change of two or more improvement in their Clinical Global Improvement Index (CGI).

Section 3: Individual Medication Responsivity

Subgroup ratings (S, I & R) are based on comparison to other subgroups within the overall medication group. Within the subgroup individual medications ratings (1, 2, 3) are relative to other medications in the subgroup only. When there is only one medication in a subgroup only the subgroup rating appears. Specific medication combinations may be incompatible.

Antidepressants (Sensitive)		
Trade Name	Generic Name	Sensitivity
SSRI		I
Prozac	Fluoxetine	3
Zoloft	Sertraline	1
Paxil	Paroxetine	3
Luvox	Fluvoxamine	2
Celexa	Citalopram	2
TCA		I
Norpramin	Desipramine	1
Tofranil	Imipramine	2
Pamelor	Nortriptyline	1
Anafranil	Clomipramine	2
Elavil	Amitriptyline	2
Wellbutrin	Bupropion	S
Effexor	Venlafaxine	S

Beta Blockers (Intermediate)		
Trade Name	Generic Name	Sensitivity
Lopressor	Metoprolol	I
Inderal	Propranolol	I
Tenormin	Atenolol	I

Anticonvulsants (Intermediate)		
Trade Name	Generic Name	Sensitivity
Benzodiazepines		I
Xanax	Alprazolam	2
Ativan	Lorazepam	1
Klonopin	Clonazepam	1
Tegretol	Carbamazepine	I
Depakote	Divalproex	I
Neurontin	Gabapentin	S
Lithane	Lithium	I

Key to symbols:

S = sensitive, patients with similar neurophysiology were most often responsive to medications with this designation.

R = resistant, patients with similar neurophysiology were least often responsive to medications with this designation.

I = intermediate, patients with similar neurophysiology were neither consistently sensitive or consistently resistant to medications with this designation

ND = No data in the database to support recommendations

1,2,3 = relative rankings amongst agents in a subgroup where 1 is highest and 3 is lowest.

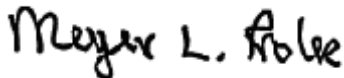
Recording Procedures

The recording is certified by an EEG tech to conform with CNS Response recording instructions that are established in accordance with the American Clinical Neurophysiology Society guidelines.

Conventional EEG

This is a 19-channel, routine EEG (95816) recording of satisfactory technical quality. Posterior dominant 10-11 Hz alpha activity, of persistent quantity, rhythmic character, of 30-70 uV amplitude when recorded with reference to an average of all electrodes on the scalp. It is symmetrical. There is generalized 18-22Hz beta activity of 0-20uv amplitude.

Interpretation: Slightly fast EEG, suggesting medication effect with various sedatives or tranquilizers, but the findings are otherwise within the range of normal variation.



Meyer L. Proler, MD
Diplomate, ABCN in Evoked Potentials and Electroencephalography
Certified by ABEN with special competence in Quantified EEG

Warning

Absolutely no consideration is given to medical appropriateness of any combination of medications. Ratings are specific to each agent; no combinatorial ratings are given or implied. Nothing in this analysis is meant to suggest medication strategy without full consideration of all clinical factors, package insert medication information, FDA approved usage and warnings, limitations on use of any agents for patients of any age, pregnancy status, or otherwise, cross toxicities with other medications (psychotropic or otherwise), or any other relevant medical factor reasonably considered by a physician skilled and experienced with patients diagnosed with behavioral disorders and the medications listed. This analysis is based upon segregated reporting of patients having successfully reported outcomes of a change of 2 or more in the Clinical Global Improvement Index as reported by their physician and as correlated to neurophysiological factors recorded on FDA approved Quantitative Electroencephalography Equipment and FDA approved software discriminating these factors and stored in the Referenced-EEG database. Analysis is not segregated or correlated by diagnostic nomenclature. CNS Response does not monitor the capability of EEG equipment suppliers, the regulatory status of the equipment or the condition and performance of equipment at the time of data collection. Readers of this report should have read and understood the material in the CNS Response, Inc Physician's Information Binder. CNS Response, Inc will facilitate physician consultancy for further interpretation and medical consideration when available.

Physicians considering the use of Beta-Blockers must be aware that they have not been approved by the FDA for treatment of certain behavioral disorders. Beta-Blockers have been demonstrated in some studies to change neurophysiologic parameters in a way similar to some anticonvulsants and anxiolytics. Other studies have reported their use in anxiety management. Use of a beta-blocker requires baseline & follow-up monitoring of resting pulse rate and blood pressure.

Ratings for Monoamine Oxidase Inhibitors (MAOI's) are shown as a subclass and individually in stimulant tables though the FDA may have approved indications of these medications for some affective disorders. This classification reflects some similarity of the neurophysiological effect shown by these agents and other stimulants. No other implications are intended. For further explanation see the CNSR Physician's Information Binder and/or consider discussing this with the CNS Response Medical Director. The physician should be aware of the contraindications of using MAOI's with some medications.