

Date: [Insert Date]

Patient Name: [Insert Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

To Whom It May Concern,

This letter provides the clinical timeline and expectations for [Patient Name]'s upcoming elective admission for Inpatient Video-EEG Monitoring (VEM) at [Hospital Name].

Admission Date: [Insert Start Date]

Expected Duration: [Insert Number] to [Insert Number] days.

Purpose of Admission:

The patient is being admitted to a specialized Epilepsy Monitoring Unit (EMU). The goal is to record the patient's typical seizures under continuous video and brainwave (EEG) supervision to determine the exact seizure type and point of origin in the brain.

Clinical Timeline:

- **Day 1 (Admission):** Attachment of scalp electrodes, baseline EEG recording, and initiation of continuous video monitoring.
- **Day 2 - Discharge (Monitoring Phase):** Under medical supervision, seizure medications may be tapered or stopped to provoke seizure activity. Sleep deprivation may also be utilized.
- **Discharge Criteria:** Monitoring will conclude once a sufficient number of events have been captured or the clinical team has gathered enough data. Medications will be restarted and stabilized prior to discharge.

Work/School Restrictions:

The patient will be confined to a hospital bed and tethered to monitoring equipment for the duration of the stay. They will be unable to attend work or school during this period. Please excuse their absence from [Start Date] through [Expected End Date].

If you require further information, please contact the Neurology department at [Phone Number].

Sincerely,

[Physician Name]

[Physician Title]

[Department Name]