

Physician Statement for Gregory W. Gile Memorial Scholarship

Patient Name: _____ Age at seizure onset: _____

Etiology: _____

Seizure Type(s): Absence Complex Partial Generalized Tonic Clonic
 Myoclonic Juvenile Myoclonic Epilepsy (JME)
 Other (please specify) _____

Antiepileptic Drugs

<u>AEDs</u>	<u>Doseage</u>	<u>AEDs</u>	<u>Doseage</u>
<input type="checkbox"/> Carbatrol (extended release carbamazepine)		<input type="checkbox"/> Neurontin (gabapentin)	
<input type="checkbox"/> Depakene <input type="checkbox"/> (valproate)		<input type="checkbox"/> phenobarbital	
<input type="checkbox"/> Depakote <input type="checkbox"/> (valproate)		<input type="checkbox"/> Phenytek (extended phenytoin sodium)	
<input type="checkbox"/> Dilantin <input type="checkbox"/> (phenytoin)		<input type="checkbox"/> Tegretol <input type="checkbox"/> (carbamazapine)	
<input type="checkbox"/> Felbatol (felbamate)		<input type="checkbox"/> Tegretol XR	
<input type="checkbox"/> Gabitril (tiagabine)		<input type="checkbox"/> Topamax (topirimate)	
<input type="checkbox"/> Keppra (levetiracetam)		<input type="checkbox"/> Tranxene <input type="checkbox"/> (clorazepate)	
<input type="checkbox"/> Klonopin <input type="checkbox"/> (clonazepam)		<input type="checkbox"/> Trileptal (oxcarbazepine)	
<input type="checkbox"/> Lamictal (lamotrigine)		<input type="checkbox"/> Zarontin <input type="checkbox"/> (ethosuximide)	
<input type="checkbox"/> Lyrica (pregabalin)		<input type="checkbox"/> Zonegran (zonisamide)	
<input type="checkbox"/> Mysoline <input type="checkbox"/> (primidone)		<input type="checkbox"/> other (please specify)	

Prognosis:

Signature

Printed Name

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Physician Statement for Mark Music Memorial Scholarship

Patient Name: _____ Age at seizure onset: _____

Etiology: _____

Seizure Type(s): Absence Complex Partial Generalized Tonic Clonic
 Myoclonic Juvenile Myoclonic Epilepsy (JME)
 Other (please specify) _____

Antiepileptic Drugs

<u>AEDs</u>	<u>Doseage</u>	<u>AEDs</u>	<u>Doseage</u>
<input type="checkbox"/> Carbatrol (extended release carbamazepine)		<input type="checkbox"/> Neurontin (gabapentin)	
<input type="checkbox"/> Depakene <input type="checkbox"/> (valproate)		<input type="checkbox"/> phenobarbital	
<input type="checkbox"/> Depakote <input type="checkbox"/> (valproate)		<input type="checkbox"/> Phenytek (extended phenytoin sodium)	
<input type="checkbox"/> Dilantin <input type="checkbox"/> (phenytoin)		<input type="checkbox"/> Tegretol <input type="checkbox"/> (carbamazapine)	
<input type="checkbox"/> Felbatol (felbamate)		<input type="checkbox"/> Tegretol XR	
<input type="checkbox"/> Gabitril (tiagabine)		<input type="checkbox"/> Topamax (topirimate)	
<input type="checkbox"/> Keppra (levetiracetam)		<input type="checkbox"/> Tranxene <input type="checkbox"/> (clorazepate)	
<input type="checkbox"/> Klonopin <input type="checkbox"/> (clonazepam)		<input type="checkbox"/> Trileptal (oxcarbazepine)	
<input type="checkbox"/> Lamictal (lamotrigine)		<input type="checkbox"/> Zarontin <input type="checkbox"/> (ethosuximide)	
<input type="checkbox"/> Lyrica (pregabalin)		<input type="checkbox"/> Zonegran (zonisamide)	
<input type="checkbox"/> Mysoline <input type="checkbox"/> (primidone)		<input type="checkbox"/> other (please specify)	

Prognosis:

Signature

Printed Name

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