neurology
network melbourne
neurophysiology

Call 9500 8366 for appointment

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Referring Doctor	Patient Details
Name: Address: Phone: Fax: Provider Number:	Name: M☐ F☐ Address: Phone: Date of Birth:

Clinical notes / Information sought from the test:

Neurologic consultation? Yes No

Requesting:

- ☐ Nerve conduction studies +/- EMG
- ☐ Evoked potentials
  - ☐ Visual
  - ☐ Somatosensory
  - ☐ Brainstem auditory
- ☐ Myasthenia studies

Bleeding risk? Y/N

Anticoagulated? Y/N

To help with scheduling, is this an NCS/EMG study for a:

- ☐ Simple procedure (eg. carpal tunnel, unlar neuropathy)
- ☐ Complex procedure (eg. peripheral neuropathy, myopathy, ...)