

Enter Patient's Details or affix label

Heidelberg

Neurology

Name:

Address:

DOB: / /

Ph:

Level 4, 10 Martin Street
Heidelberg 3084

Tel: 9450 8400 Fax: 9450 8401

REQUEST FOR DIAGNOSTIC TESTS

ELECTROENCEPHALOGRAPHY (EEG)

- Routine EEG
- EEG (Sleep Deprived Study)
- EEG (Paediatric: children over 6 not requiring sedation)

EMG / NERVE CONDUCTING STUDIES

- Routine NCS
- Needle EMG
- Repetitive Stimulation (Myasthenia)
- Other:

EVOKED POTENTIALS

- Visual Evoked Responses (VER)
- Somatosensory Evoked Responses (SEP) Upper Limb Lower Limb

CLINICAL DETAILS:

Signature: Date: / /

Requesting Doctor (Please Print): Prov. No.

Address:

C/C