Enter Patient's Details or affix label

Name: .....

Address: .....

.....

DOB: ... / ... / .....

Ph: .....

Heidelberg Neurology

Level 4, 10 Martin Street
Heidelberg 3084
Tel: 9450 8400 Fax: 9450 8401

REQUEST FOR DIAGNOSTIC TESTS

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 .....