

**Neurophysiology Referral form** **EEG, EMG and Nerve Conduction study** at:

All referrals to: **Mulgrave private Hospital**

**Knox Private Hospital** Suite 3,Churchill Consulting suites

Suite 1A, 262 Mountain Hwy VIC 3152 48 Blanton Dr, Mulgrave, VIC, 3170

Tel: 03 9056 5563 Fax: 03 99236416

Email: info@ultimateneurology.com.au

**www.ultimateneurology.com.au**

**Patient details**

Name:

Address:

DOB:

Contact:

**Requesting: Routine EEG NCS EMG**

 **EMG/NCS** of: Upper / Lower limb

 Rt / Lt / bilateral

Clinical details and Indication for investigation:

**Referring Doctor:**

Name / address/ provider number:

Signature / date:

 \***Kindly remind patients NOT to use any moisturizers and to remove any jewellery from the test area on the day of the test\***