

Private Electrophysiology Service Patient Referral Form

Patient Details

Name DOB

Address

Email Phone

Medicare Medicare Reference Number

Nerve conduction studies (NCS)/ Electromyography (EMG)

Median Neuropathy / Carpal tunnel syndrome EMG

Ulnar Neuropathy Peripheral Neuropathy

Other _____

Electroencephalogram (EEG)

Routine (20 min recording) Prolonged (1 hour recording)

Sleep deprived (1 hour recording) Prolonged sleep deprived (3 hours)

Evoked Potentials (EP)

Visual Evoked Potential Somatosensory Evoked Potential

Clinical Details

Referring Doctor

Provider No.

Signature Date