



Comprehensive Neurological Care Victoria

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NCS / EMG / EEG REQUEST FORM

(Nerve Conduction Study, Electromyography, Electroencephalography)

REQUESTING DOCTOR'S NAME: <i>(Stamp if possible)</i>	PATIENT NAME:
PHONE:	DOB:
FAX:	ADDRESS:
PHONE NUMBER:	
CLINICAL DETAILS:	

PLEASE TICK APPROPRIATE BOX BELOW FOR THE TEST REQUIRED:

EMG / NCS – Electromyography / Nerve Conduction Study

Simple:

- Carpal Tunnel Syndrome

Complex:

- Ulnar Neuropathy
 Peripheral Neuropathy
 Radiculopathy
 Radial Neuropathy
 Myopathy/Mysathenia Gravis
 Other

EEG - Electroencephalography

- Routine EEG (1 hour)
 Sleep Deprived EEG (1.5 hours)
 Prolonged Video EEG (3 hours)

MEDICATIONS:		
Anticoagulation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NEUROLOGICAL CONSULTATION NEEDED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
REFERRING DOCTOR'S SIGNATURE:	DATE OF REQUEST:	
To Schedule An Appointment Please FAX REQUEST FORM TO (03) 9379 4115 OR PHONE: (03) 9379 4545		
PATIENT INSTRUCTIONS (EEG): Wash your hair the night before or morning of your appointment. Hair should be dry and free of products including gels, hairspray, leave-in-condition, mousse etc. Do not drink tea, coffee or fizzy drinks before the appointment. (NCS/EMG): Shower and keep your skin clear from any fragrances, moisturisers and creams. Wear comfortable, loose fitting clothing to your appointment		
Office Use Only**		
Appointment Booked for:	at:	