

Peninsula Health
Neurophysiology Laboratory

**NEUROLOGICAL
LABORATORY REQUEST**

Phone: (03) 9784 2663
Fax: (03) 9784 2349

Email: eegemgbookings@phcn.vic.gov.au

UR NUMBER

SURNAME

GIVEN NAMES

DATE OF BIRTH Gender
Please fill in if no Patient Label available

App.12/10/18 Print Code:12571



P H F 3 0 1 3 5 2 E

Day / Date:

Time:

Patient Details:

Name:

Address:

Phone:

Date of Birth:

Test Required:

EEG (Must be >2 years old)

Routine

Sleep Deprived

Prolonged EEG (up to 3 hrs)

Nerve Conduction Study / EMG (Must be >16 years old)

Is the patient on anticoagulation? Yes No

Requesting Doctor Details:

Name:

Address:

Provider No:

Phone:

Copies to:

Signature:

Date:

Clinical Notes/Reason for Referral:

Current Medications:

12/10/18 Print Code:12571 Ref Link & GP Liaison, Printers

*** For urgent EEG / EMG requests
please contact Neurophysiology directly**

DOCTOR CONTACT NUMBER ONLY: 9784 7302

NEUROLOGICAL LABORATORY REQUEST

MR/301352

**NEUROLOGICAL LABORATORY
REQUEST cont.**

UR NUMBER

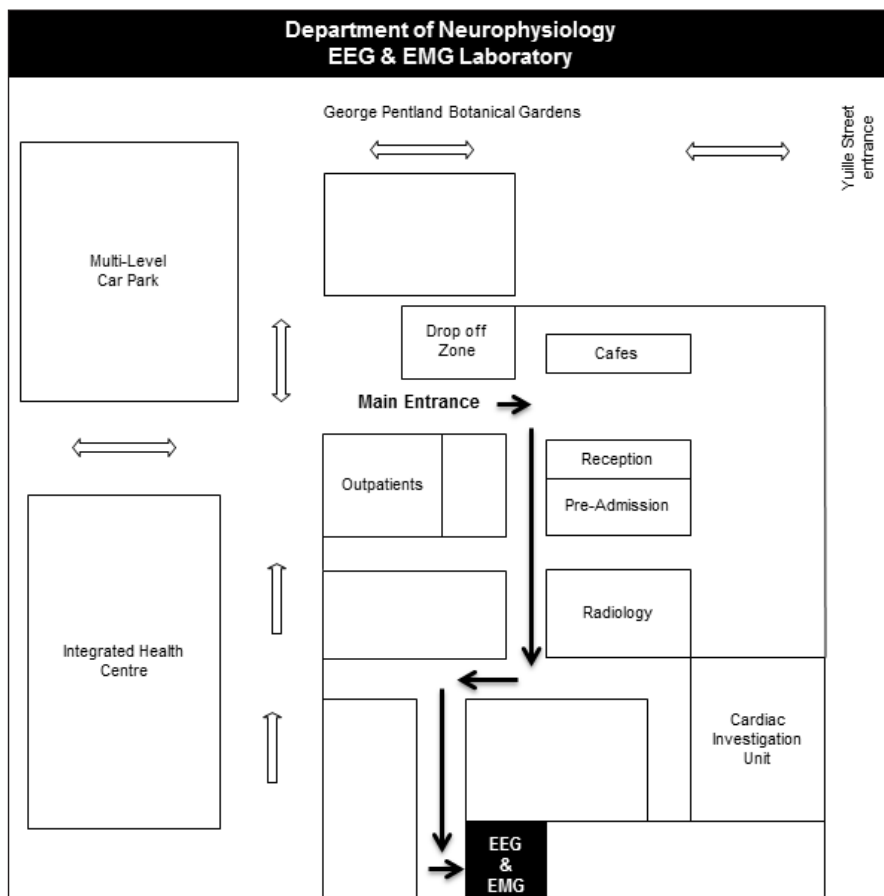
SURNAME

GIVEN NAMES

DATE OF BIRTH
Please fill in if no Patient Label available

Your EEG / EMG / Nerve Conduction study is at the
Neurophysiology Laboratory
Level 3 Frankston Hospital
Phone: 9784 2663

Fax: 9784 2349



Please make sure you:

- Bring this referral with you
- Bring your medicare card with you
- Bring a list of your medications
- Wash your hair (for EEG)
- Don't use gel, hairspray, mousse or hair oil (for EEG)
- Don't use moisturising creams (for EMG)