

NEUROLOGY/NEUROPHYSIOLOGY REQUEST FORM

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Consultant Neurologist and Neurophysiologist
Sydney North Neurology and Neurophysiology
Sydney North Specialist Centre
Level 2, 511 Pacific Hwy,
Crows Nest 2065

Provider No: 065320AT

Ph: 02 94675900
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Patient:

Referring Dr:

D.O.B.:

Dr Address:

Referral Date:

Tel:

Fax:

Appointment Date:

Provider No:

Appointment Time:

Signature:

Service(s) Requested: *(please tick)*

Clinical Notes:

Consultation

Nerve conduction/EMG

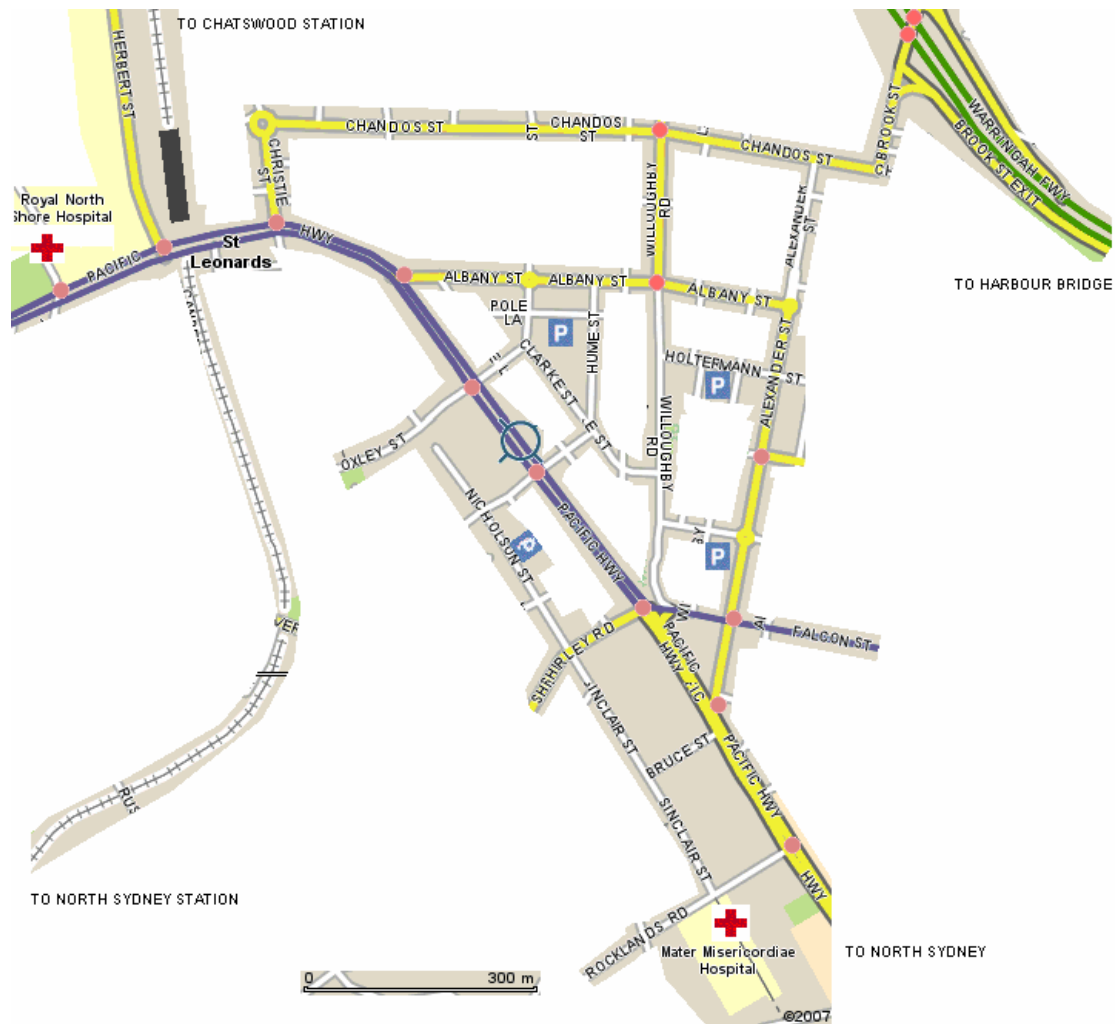
EEG

Evoked potentials – VEP, SSEP, BAEP

Specify

Botulinum toxin treatment

My appointment date and time:



Further information on the tests and copies of this request form are available from:
<http://www.virtualmedicalcentre.com/investigations.asp?sid=53>