04296 07/2024

UR: ..... DOB: ...../...../.....

Sex: ☐ Male ☐ Female ☐ Other

Name: .....

Address: .....

Ph: .....

Austin HEALTH

NEUROSCIENCE LABORATORY REQUEST

Level 6 North, Austin Hospital Tower
145 Studley Rd., HEIDELBERG 3084
Tel: 9496 5529 Fax: 9496 4065
Email: neurolabreferrals@austin.org.au

Are you of Aboriginal or Torres Strait Islander Origin? ☐ Yes ☐ No

☐ OP ☐ IP **WARD:** .....

ULTRASOUND

☐ Carotid and Vertebral Ultrasound ☐ Subclavian Steal
☐ Transcranial Doppler and Duplex Imaging
☐ TCD bubble study (assessment of PFO)
☐ Temporal Arteritis

ELECTROENCEPHALOGRAPHY (EEG):

☐ Routine EEG ☐ Sleep deprived EEG study
☐ Day monitoring ☐ Ambulatory EEG

EMG / NERVE CONDUCTION STUDIES / NMUS:

☐ Routine EMG / NCS
☐ Carpal Tunnel Testing
☐ Myasthenia (☐ Repetitive Stimulation ☐ Single Fibre EMG - list current treatment details below)
☐ Neuromuscular Ultrasound (eg Carpal Tunnel, Ulnar Neuropathy, Diaphragm Assessment)

EVOKED POTENTIALS / OTHER TESTS:

☐ Visual Evoked Responses (VER)
☐ Somatosensory Evoked Responses (SSEP) ☐ Upper Limb ☐ Lower Limb
☐ VNS Check

STAFF USE ONLY

Test explained and consent given:

Signed: .....

Dated: .....

CLINICAL DETAILS: (See over for Map)

Requesting Doctor:

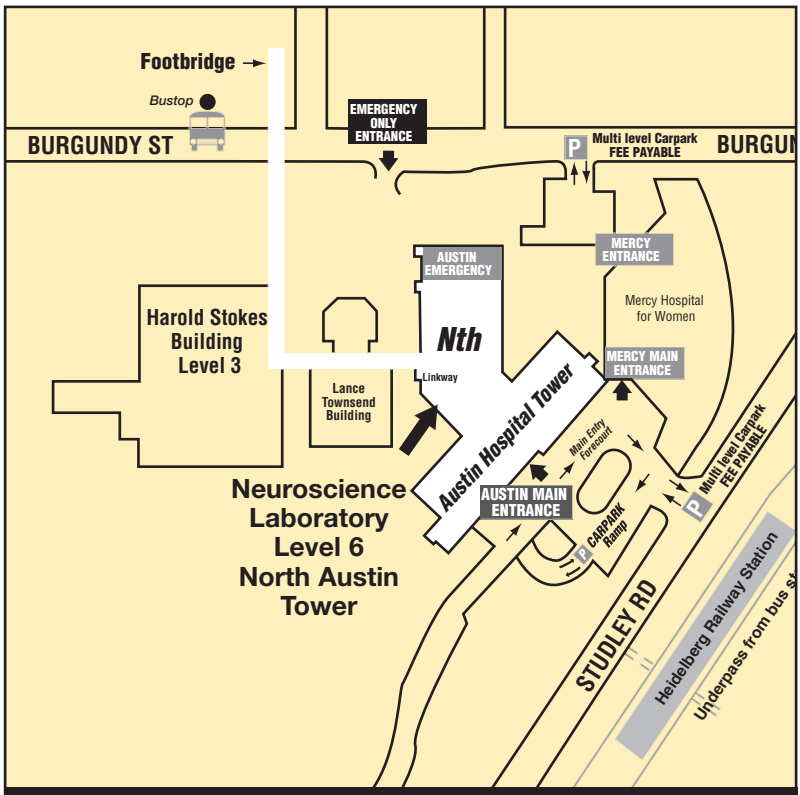
Name: (Please Print): ..... Date: ...../...../.....

Signature: ..... **Prov. No:** .....

Address: .....

Cc: .....

At the Austin Hospital



Neuroscience Laboratory
Level 6 North, Austin Hospital Tower
145 Studley Rd., Heidelberg VIC 3084
Ph: 9496 5529 Fax: 9496 4065
neurolabreferrals@austin.org.au

Your doctor has recommended that you use Austin Health. You may choose another provider but please discuss this with your doctor first.

Parking: Car Parking Facilities are available directly under the Austin Tower, entrance located directly opposite Heidelberg train station on Studley Road.