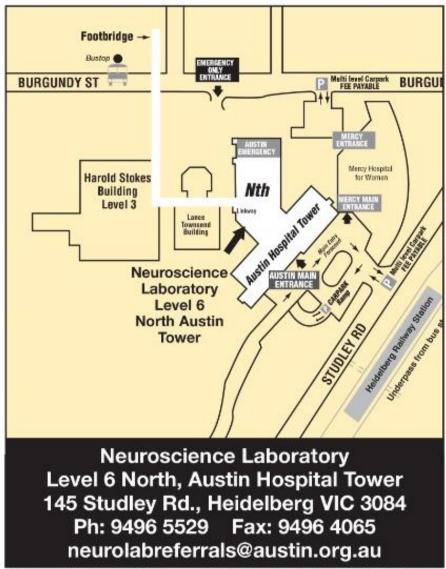
04296 07/2024		
UR://	Austin	
UR:	HEALTH	
Sex: ☐ Male ☐ Female ☐ Other	NEUROSCIENCE	
Name:	LABORATORY REQUEST	
Address:	Level 6 North, Austin Hospital Tower 145 Studley Rd., HEIDELBERG 3084	
	Tel: 9496 5529 Fax: 9496 4065	
Ph:	Email: neurolabreferrals@austin.org.au	
□ OP □ IP WARD :		
ULTRASOUND		STAFF USE ONLY
☐ Carotid and Vertebral Ultrasound ☐ Subclavia	Test explained and consent an Steal given:	
☐ Transcranial Doppler and Duplex Imaging	Signadi	
☐ TCD bubble study (assessment of PFO)		Signed:
☐ Temporal Arteritis		Dated:
ELECTROENCEPHALOGRAPHY (EEG):		
☐ Routine EEG ☐ Sleep deprived EEG study		
☐ Day monitoring ☐ Ambulatory EEG		
EMG / NERVE CONDUCTION STUDIES / NMUS:		
Routine EMG / NCS		
Carpal Tunnel Testing		
☐ Neuromuscular Ultrasound (eg Carpal Tunnel, Ulnar Neuropathy, Diaphragm Assessment)		
EVOKED POTENTIALS:		
☐ Visual Evoked Responses (VER)		
☐ Somatosensory Evoked Responses (SSEP) ☐ Upper Limb ☐ Lower Limb		
OTHER TESTS:		
☐ VNS Check ☐ Visual fields / Perimetry (INTERNAL REQUEST ONLY)		
CLINICAL DETAILS:		(See over for Map)
Requesting Doctor:		
Name: (Please Print):		
Signature: Prov. No:		
Address:		
Cc:		

At the Austin Hospital



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.