



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

Name:.....

Address:.....

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Ph:.....

**NEUROSCIENCE
LABORATORY REQUEST**

Level 6 North, Austin Hospital Tower
145 Studley Rd., HEIDELBERG 3084
Tel: 9496 2845
Fax: 9496 4065

OP IP **WARD:**.....

ULTRASOUND

- Carotid and Vertebral Ultrasound Subclavian Steal
- Transcranial Doppler and Duplex Imaging
- Neuromuscular Ultrasound (eg: Carpal Tunnel Syndrome)

ELECTROENCEPHALOGRAPHY (EEG):

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

EMG/NERVE CONDUCTION STUDIES:

- Routine EMG/NCS
- Carpal Tunnel Assessment (NCS +/- Ultrasound)
- Myasthenia (Repetitive Stimulation Single Fibre EMG)

EVOKED POTENTIALS:

- Visual Evoked Responses (VER) Brainstem Auditory Evoked Potentials
- Somatosensory Evoked Responses (SEP) Upper Limb Lower Limb
- Transcranial Magnetic Stimulation (TMS)

CLINICAL DETAILS:

(see over for Map)

Requesting Doctor:

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

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

Address:.....

Cc:.....