



Neuro NSW

Brain & Spine Specialists



Dr Sue Baumann
Northern NSW Neurology Clinics
NEUROLOGIST & NEUROPHYSIOLOGIST
FRACP, PhD

**St Vincent's
Hospital, Lismore**

Patient Name: _____

DOB: _____

Address: _____

Phone: _____

TEST TYPE:

NERVE CONDUCTION STUDY (NCS)/ ELECTROMYOGRAPHY (EMG)

- Carpal Tunnel Syndrome Left Right
- Cubital Tunnel Syndrome Left Right
- Ulnar Neuropathy Wrist Elbow
- Radiculopathy Cervical Lumbosacral
- Peripheral Neuropathy Upper Limbs Lower Limbs
- Plexopathy Brachial Lumbosacral

ELECTROENCEPHALOGRAPHY (EEG)

- Routine Prolonged Ambulatory

SIGNS/SYMPTOMS:

URGENT

non-URGENT

Neurology Review Required: Yes – Please attach referral letter.
 No

Referring Doctor: _____ Provider No.: _____

Signature: _____ Date: _____

This practice prefers Medical Objects and Healthlink
Phone: 02 5643 6012
Fax: 0266174207
Email: reception@neuronsw.com.au