Northwest Neurology

Neurophysiology Request Form

Please select:

☐ Dr Bridget Hughes
518510BH

☐ Dr Lisa Dark
4037752H

No preference: ☐

☐ Dr James Hughes
0600405W

Patient Details

Name: _____

Date of Birth: __ / __ / ___ Phone: _____

Address: _____

_____

Requested Test

EEG: ☐

Nerve Conduction Studies: ☐ Upper Limb

☐ Lower Limb

Reason For Test

_____

_____

_____

_____

_____

Please note this form is only for neurophysiology requests, not for general referrals

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Referring Doctor

Name: _____

Provider Number: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

_____ _____

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