CURA MEDICAL SPECIALISTS

Neurophysiology Request Form

Prefer an electronic form? Visit https://curaspec.link/ncs

Patient Details

Full Name _____ Date of Birth _____ Contact Phone Number _____

Tests Requested

- ☐ Nerve Conduction Studies (NCS)
- ☐ Electromyography (EMG)
- ☐ Single-Fibre EMG
- ☐ Routine EEG
- ☐ Sleep-Deprived EEG
- ☐ 3-Day Ambulatory EEG
- ☐ Other _____

Clinical Information

Clinical Indications / Symptoms

Clinical Question

Urgency & Scheduling

- ☐ Next available
- ☐ < 1 week
- ☐ < 2 weeks
- ☐ < 1 month
- ☐ < 3 months
- ☐ < 6 months
- ☐ Specify timeframe _____

Referring Clinician

Doctor Name _____ Provider No. _____

Practice _____ Phone _____

Email / Fax _____ Signature _____

Please send completed form and any relevant reports to CURA Medical Specialists:

Fax (02) 9475 5085 | Email clinic@curaspecialists.com.au

Healthlink EDI: cramedsp | Argus: curamedical@argus.net.au

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