

Dr. R Pamphlett Dr. J Spies Dr. M Barnett Dr. M Buckland Dr. M Wang	<b>Neurology Laboratory</b> <b>Rm 702, Brain &amp; Mind Centre, 94 Mallett St</b> <b>Camperdown NSW 2050</b> Tel: 61-2-9114 4280 Fax: 61-2-9114 4291 Email: neurology.lab@sydney.edu.au	<b>PATIENT DETAILS:</b> Hospital: MRN: Surname: Given name: DOB & Sex: Address:
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## NEUROMUSCULAR PATHOLOGY REQUEST

**REQUESTING DOCTOR DETAILS:**  
Name:  
Address:  
  
Provider No:  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIMEN DETAILS:**  
  
Muscle site(s): \_\_\_\_\_  
  
Peripheral nerve site: \_\_\_\_\_

**CLINICAL HISTORY** – Please send any referral letters and clinical summaries (see fax & email above).  
Summary of history and examination including distribution and duration of any weakness:  
  
  
  
Previous muscle biopsy: Yes \_\_\_\_\_ No \_\_\_\_\_  
Past neuromuscular history:  
  
Family history:  
  
Medications:  
  
CPK, autoantibodies:  
EMG / NCS reports:  
  
Provisional diagnosis:

<b>BILLING DETAILS:</b> - Please tick an appropriate box	<b>PLEASE SEND REPORT TO (including neurologist/rheumatologist)</b>	
Public outpatient (fill out Medicare # below): <input type="checkbox"/>	Dr.	Dr.
Public inpatient: <input type="checkbox"/>		
Private outpatient: <input type="checkbox"/>	Fax & phone numbers:	Fax & phone numbers:
Private inpatient: <input type="checkbox"/>		
An entitled Veterans' Affairs patient: <input type="checkbox"/>		

**MEDICARE ASSIGNMENT** (Section 20A of Health Insurance Act 1973) – to be completed by the patient offering to assign benefits for services on this form.  
I assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s).  
Date \_\_\_\_\_ **PATIENT'S SIGNATURE** \_\_\_\_\_

**PRACTITIONERS USE ONLY** (Reason patient cannot sign) \_\_\_\_\_ **MEDICARE NUMBER**

**PLEASE DELIVER ALL SPECIMENS TO LEVEL 7, BRAIN & MIND CENTRE, 94 MALLET STREET, CAMPERDOWN NSW 2050 AND FAX THE REQUEST FORM TO 02 9114 4291.**