

Dr. Michael Buckland Dr. Judy Spies Dr. Roger Pamphlett Dr. Hwei Choo Soh Dr Joanne Sy Dr. Michael Barnett	Nerve and Muscle Laboratory Rm 702, Brain & Mind Centre, 94 Mallett St Camperdown NSW 2050 Tel: 61-2-9114 4280 Fax: 61-2-9114 4291 Email: neurology.lab@sydney.edu.au	PATIENT DETAILS: Hospital: MRN: Surname: Given name: DOB & Sex: Address:
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<h2>NEUROMUSCULAR PATHOLOGY REQUEST</h2>
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REQUESTING DOCTOR Name: Address: Provider No: Tel: _____ Fax: _____ Email: Signature: _____ Date: _____	SPECIMEN Muscle name(s): Peripheral nerve name:
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Email/fax any referral letters and clinical summaries to the Nerve and Muscle Laboratory (see above)

Summary of present history and examination (include *distribution* and *duration* of weakness):

Rash: Yes/No Muscle wasting: Yes/No Sensory loss: Yes/No Previous muscle biopsy: Yes/No

Past medical and surgical history: Diabetes: Yes/No

Family history:

All medications: Statin: Yes/No

CK levels (with dates):

EMG/NCS (attach reports)

MRI:

Autoantibodies: (attach reports)

Genetic testing:

Provisional/differential clinical diagnosis:

BILLING DETAILS: - Tick an appropriate box	SEND REPORTS TO (include neurologist/rheumatologist)	
Public outpatient (fill out Medicare # below): <input type="checkbox"/>	Dr.	Dr.
Public inpatient: <input type="checkbox"/>		
Private outpatient: <input type="checkbox"/>	Email, Fax & phone numbers:	Email, 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 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

DELIVER SPECIMENS TO LEVEL 7, BRAIN & MIND CENTRE, 94 MALLETT STREET, CAMPERDOWN NSW 2050
EMAIL/FAX THE REQUEST FORM TO THE NERVE AND MUSCLE LABORATORY (see above)