



CAIRNS

NEUROPHYSIOLOGY

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Nerve Conduction Study Referral

Patient details:

Name:

Address:

DOB:

Ph:

Healthcare/Pension Card Holder

Clinical Details:

URGENT

ROUTINE

Test Requested:

R CTS

R Ulnar

Peripheral Neuropathy

L CTS

L Ulnar

Other

Bilateral CTS

Bilateral Ulnar

Please tick if the patient has a pacemaker or defibrillator device

Referring Doctor Details:

Please tick if you would like notification of the intended appointment date