



**ADELAIDE NEURODIAGNOSTICS**  
No. 4247637H

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NEUROLOGIST & NUCLEAR PHYSICIAN  
No. 4247636X

**Neurology**  
- Purified Neuro Toxin Treatment

**Nuclear Medicine**  
- Cerebral SPECT

**Neurophysiology**  
- EEG  
- Nerve Conduction Study  
- Video Telemetry

**08 8267 5547**

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North Adelaide 5006

**admin@drcasse.com.au**

www.drcasse.com.au

\*Please attach patient history and medications.\*

## Neurophysiology Request Form

(Affix patient label here, if applicable)

Patient name: ..... Date of birth: .....

Address: .....

Telephone H: ..... M: ..... Gender: M / F

Medicare no.: ..... HCC/Conc. no.: .....

Private Health Fund: ..... Membership no.: .....

Service(s) Requested: (please tick)

- Standard EEG
- Ambulatory EEG
- Prolonged EEG (3+ hours)
- Sleep deprived EEG

Nerve Conduction Study

- Complete Electrodiagnosis with EMG if indicated
- Facial Nerve
- Somatosensory Evoked Potentials (S.S.E.P.S)

Reason for test: .....

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Referring Dr's details:

Date: ..... Provider no: .....

Name: .....

Address: .....

Signature: ..... Copy 1: ..... 2: .....