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Email: appointments@wimbledon-neurocare.com

Patient name:	Referred by:
Date of Birth: / / Gender: M/F	Date of request:
Address:	Send results via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Letter
	Send results to (contact details):
Telephone:	
Email:	

TEST	CONSULTANT or leave blank	LOCATION
EEG <input type="checkbox"/> Routine EEG with video monitoring <input type="checkbox"/> Sleep Deprived EEG <input type="checkbox"/> EEG with hyperventilation and photic stimulation <input type="checkbox"/> Sedation Induced EEG with Melatonin <input type="checkbox"/> 24 hour Ambulatory EEG <input type="checkbox"/> 48 hour Ambulatory EEG <input type="checkbox"/> 24hrs Home video Telemetry EEG	<input type="checkbox"/> Dr Hamid Modarres <input type="checkbox"/> Dr Mushriq Al-Khayatt <input type="checkbox"/> Dr Nofal Khalil	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Ten Harley Street, London
EMG/Nerve Conduction Study <input type="checkbox"/> EMG/NCS/Single Fibre EMG <input type="checkbox"/> Magnetic Stimulation <input type="checkbox"/> Quantitative Sensory Threshold (QST) <input type="checkbox"/> Visual Evoked Po10tial (VEP) <input type="checkbox"/> Somatosensory Evoked Po10tial (SSEP)	<input type="checkbox"/> Dr Nofal Khalil <input type="checkbox"/> Dr Santiago Catania	<input type="checkbox"/> 10 Harley Street, London
	<input type="checkbox"/> Dr Hamid Modarres	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> St Anthony's Hospital
	<input type="checkbox"/> Dr Mushriq Al-Khayatt	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Clare Park Hospital, Farnham
Audiovestibular Investigation	<input type="checkbox"/> Dr Borka Ceranic <input type="checkbox"/> Dr Ewa Raglan <input type="checkbox"/> Dr Sreedharan Nair Vijayanand	<input type="checkbox"/> Parkside Hospital, Wimbledon
Cognitive Assessment	<input type="checkbox"/> Dr Shai Betteridge <input type="checkbox"/> Dr Sarah Griffiths	<input type="checkbox"/> 10 Harley Street, London
	<input type="checkbox"/> Dr Claire O'Neill	<input type="checkbox"/> 10 Harley Street, London <input type="checkbox"/> St George's Hospital, London
Nocturnal Hypoventilation Assessment Ambulatory Respiratory Somnogram	<input type="checkbox"/> Dr Farid Bazari	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Coombe Wing, Kingston Hospital
Vestibular Therapy <input type="checkbox"/> Vestibular Rehabilitation <input type="checkbox"/> Neck/back treatment <input type="checkbox"/> Posturography	THERAPIST or leave blank	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> 10 Harley Street, London
Additional clinical information (please provide summary of patient history, provisional diagnosis, clinical findings, questions to be answered, and current medication): Signed:		