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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 hypoventilation and photic stimulation <input type="checkbox"/> 24 hour Ambulatory EEG <input type="checkbox"/> 48 hour Ambulatory EEG <input type="checkbox"/> Sedation Induced EEG with Melatonin	<input type="checkbox"/> Dr Hamid Modarres	<input type="checkbox"/> 10 Harley Street, London <input type="checkbox"/> Parkside Hospital, Wimbledon
	<input type="checkbox"/> Dr Mushriq Al-Khayatt	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Prime Health Centre, Weybridge
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 Peter Misra <input type="checkbox"/> Dr Santiago Catania	<input type="checkbox"/> 10 Harley Street, London
	<input type="checkbox"/> Dr Hamid Modarres <input type="checkbox"/> Dr Martin Schwartz	<input type="checkbox"/> Parkside Hospital, Wimbledon
	<input type="checkbox"/> Dr Mushriq Al-Khayatt	<input type="checkbox"/> Parkside Hospital, Wimbledon <input type="checkbox"/> Clare Park Hospital, Farnham <input type="checkbox"/> Prime Health Centre, Weybridge
Cognitive Assessment		
<input type="checkbox"/> Cognitive Assessment	<input type="checkbox"/> Dr Shai Betteridge	<input type="checkbox"/> Prime Health Centre, Weybridge <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		
<input type="checkbox"/> 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"/> Prime Health Centre, Weybridge		
Additional clinical information (please provide summary of patient history, provisional diagnosis, clinical findings, questions to be answered, and current medication): 		
Signed:		