



Launceston Health Hub, Level 1, 247 Wellington St

Launceston TAS 7250

Ph: 03 6388 8115 Fax: 03 6388 8114

EEG REQUEST

Our preference is referral via our Healthlink EDI: lmc32lmc

Name:

D.O.B:

Address:

Medicare:

Ph:

Mobile:

Test required:

Adult EEG (10yrs+)

Sleep deprived EEG

Allergies:

Medications:

Clinical Notes:

Requesting Doctor:

Provider No:

Ph:

Fax:

Signature:

Date: