	Patient Details (or patient label) DOB
eastern <b>health</b>	Surname First Name
	Address
Neuro Diagnostic Unit	PostcodeTel
Building B, Level 2	
Box Hill Hospital	Clinical Details
8 Arnold Street, Box Hill 3128 Tel: 9895 4639	
Fax: 9895 4610	
Email: ndu@easternhealth.org.au	
Request for:	
Inpatient Outpatient	
EEG	
Routine EEG	Referring Doctor MUST complete this section
Sleep Deprivation EEG	Name
ELECTROPHYSIOLOGY	Address
Routine Nerve Conduction studies/EMG <b>D</b>	
Is patient on Warfarin/anti-coagulant? YES/NO Does Patient have a pacemaker? YES/NO	TelFaxDate
· · · · · · · · · · · · · · · · · · ·	SignedProvider No
Evoked responses (specify)	
For <b>Box Hill Hospital</b> appointments, please	follow the instructions below.
Preferred entrance, Building B. Level 2, 51 Nelso	on Road, Box Hill 3128
Upon entering Building B	
Through foyer, take the lifts to your left	t – Lift B to Level 2
Follow signage to 2 North and 2 South	
The Neuro Diagnostic Unit is located between 2 North and 2 South	
Alternative entrance Building A. 8 Arnold Street	., Box Hill 3128
Upon entering Building A, Level 1	
Walk through to Building B via corridor past the Zouki Café towards HealthSmart Pharmacy	
At Pharmacy (you are now in Building B) turn right and take Lift B or stairs to Level 2	
Follow signage to 2 North and 2 South The Neuro Diagnostic Unit is located between 2 North and 2 South	
The Neuro Diagnostic Onit is located be	
For <u>Maroondah Hospital</u> appointments, ple	ease follow the instructions below:
Main hospital entrance, Davey Drive, Ringwood	
Upon entering main foyer, proceed alor reception.	ng central corridor and present to Allied Health Department
<b>.</b>	
	ties and wish to make enquiries from home, you can one Interpreter Services 13 14 50. Interpreter services

are provided free of charge.