



Diagnostic Request Form

Patient Information

Name: _____
Address: _____
Phone: _____ D.O.B: _____

Clinical notes/History/Medications

Respiratory Testing

Spirometry (FVC) Diffusing Capacity (DLCO) Rhinomanometry (upper airway resistance)

Allergy Testing

Skin prick test for common environmental allergens*

*Includes most common inhaled allergens in NSW, including dust mite, moulds, grasses, cats, dogs and cockroach.

Neurodiagnostics

Routine EEG (20 mins) Prolonged EEG (3 hrs)
 Sleep Deprived EEG (20 mins) Sleep Deprived Prolonged EEG (3 hrs)

Requesting Doctor Details

Requested by (print): _____ Provider number: _____

Send results to: _____

Stamp here