



SHIRE NEUROLOGY

Dr Ik Lin Tan MBBS MPH (Johns Hopkins) FRACP Provider No: 224218MK

Dr Katie Yin BMedSc MBBS(Hons) FRACP Provider No: 453307BT

Dr Justine Wang BSc(Med) MBBS(Hons) FRACP Provider No: 295739AH

Suite 2, 16 Gibbs Street, Miranda NSW 2228

P: 02 9538 5556

F: 02 8004 8161

ABN: 13186800723

email: admin@shireneurology.com.au

<https://www.shireneurology.com.au>

healthlink EDI: shrneuro

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Patient Details

Name: _____ DOB: _____

Address: _____ Contact No: _____

NEUROLOGY & NEUROPHYSIOLOGY REQUEST FORM

Services requested: (please tick all relevant)

- Consultation
 - Dr Ik Lin Tan
 - Dr Katie Yin
 - Dr Justine Wang
- Nerve Conduction study +/- EMG
- Repetitive nerve stimulation
- Carpal tunnel study
- EEG (adult and pediatric)
- Botox (chronic migraine, hyperhidrosis, hemifacial spasm, blepharospasm, dystonia)

Clinical Information: _____

Medications: _____

Referring Doctor: _____ Date: _____

Address: _____

Provider no: _____ Telephone: _____ Fax: _____