

Mater Private EEG Service Patient Referral Form

Date / /	Referring doctor
Clinical indications ☐ Routine EEG ☐ Sleep Deprived EEG ☐ Prolonged EEG (3 hours) ☐ Prolonged/Sleep Deprived EEG (3 hours)	From
Patient details	
Name	DOB / /
Address	
Telephone b/h	
Telephone a/h	
Email	
Private Health Insurance Yes / No	
Clinical details	
Signature	

Our expert team of specially trained health professionals led by Epileptologist Dr Sasha Dionisio are now taking referrals for the **Mater Private EEG Service**.

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