

DR MELINDA PASCOE MBBS. FRACP
Neurologist & Neurophysiologist
Specialist in Peripheral Nerve Disease
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Patient Name _____ DOB _____

Best Contact Number _____ Email _____

Medicare Number _____

Appointment Priority

☐ Urgent ☐ Semi Urgent ☐ Next Available

REQUEST (please tick all applicable). Our practice offers stand alone EEG and EMG services. The results will be available the next day to the referring doctor. Results will not be discussed with the patient.

☐ **INITIAL CONSULTATION**

☐ **EMG**

☐ **EEG**

☐ **VER**

☐ **BOTOX**

☐ **Other** _____

CLINICAL DETAILS/REASON FOR REFERRAL:

Please attach any relevant scans/test results /notes

REFERRING DOCTOR DETAILS:

Name _____

Provider Number _____

Medical Centre name and address:

SIGNATURE _____

DATE _____

PAYMENT OF CONSULTATIONS

Dr Melinda Pascoe does not bulk bill. Payment is required in full at the time of consultation. Our practice offers Medical HiCaps rebates on the day with a valid Medicare card.