

**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**

**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:

SIGNITURE \_\_\_\_\_

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.