Dr. Nyan Lynn

M.B.B.S., F.R.A.C.P. Neurologist & Clinical Neurophysiologist *Provider No: 291742DA*

Please fax all referrals to

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Phone: (03) 9687 2544 Address: 59 Hopkins Street, Footscray VIC 3011

NT DETAILS:	REFERRING DOCTOR DETAILS:	
	Referring Doctor:	
Date of Birth: Address: Phone:	Phone: Fax:	
		Provider Number:
	Signature: Date:	
		AL NOTES:
conduction Studies (NCS) / Electromy	ography (EMG)	
Carpal Tunnel Syndrome	□ Radiculopathy	
□ Ulnar Neuropathy	☐ Peripheral Neuropathy	
	□ Other	
um Toxin (Botox) Injections		
Hyperhidrosis		
■ Site – Underarms □ Har	nds Feet Generalised	
■ Patient has failed or intolera e.g. Driclor □	ant to topical aluminium chloride hexahydrate	
Chronic Migraine		
■ Patient has > 15 headache	days per month, 8 of which are migraine days $\ \square$	
	ree prophylactic migraine medications , methsergide, pizotifen, cyproheptadine or topiramate $\ \square$	
Blepharospasm / Hemifacial Spasm		
	F Birth: S: Conduction Studies (NCS) / Electromyo Carpal Tunnel Syndrome Ulnar Neuropathy Ulnar Neuropathy Ulnar Neuropathy Hyperhidrosis Patient has failed or intolerate.g. Driclor Chronic Migraine Patient has failed at least th	