A/Prof. Daniel L. Wardman
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Neurologist and Neurophysiologist
Conjoint Associate Professor, SWS Clinical School, UNSW Medicine

Patient Name: ..... **D.O.B:** .....

Address: .....

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Clinical Information: .....

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Signed: .....

Please Perform: Consultation ❑ Nerve Conduction Studies/EMG ❑

Botulinum Toxin Injection ❑ EEG ❑

Referring Doctor: ..... **Provider No:** .....

Address: .....

Telephone: ..... **Facsimile:** .....

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