THE CYPRUS INSTITUTE OF NEUROLOGY & GENETICS

6 IROON AVENUE, 2371 NICOSIA, CYPRUS
P.O.BOX 23462, 1683 NICOSIA, CYPRUS
TEL.: 22358600, FAX: 22392786
Email: pantzari@cing.ac.cy

Neurovascular Lab
Director: Marios Pantzaris, MD

Referral Letter

Department Code: 17

PATIENT DETAILS

Patient Name: _____ CING No.: _____
Address: _____ ID No.: _____
Town/Village: _____ Hosp. Card No.: _____
District: _____ Postal Code: _____ Hosp. Card Expiry: _____
Tel Home: Tel Work: Date of Birth: Gender: Nationality: _____

REFERRING PHYSICIAN/SCIENTIST

Name: _____
Address: _____ Tel No.: _____

Clinical Status
- ○ Private
- ○ Government
- ○ GeSY
- ○ CING

CLINICAL DETAILS

Clinical Information: _____

_____

Medications: _____
Diagnosis: _____
Precautions (e.g. transmissible disease (CJD, Hepatitis, HIV, etc.), Cardiac pacemaker, etc.) ○ YES ○ NO
The aforesaid referring physician agrees to more/less exams than indicated below as warranted by the clinical/lab findings and at the discretion of the testing Neurophysiologist and Head of the Department ○ YES ○ NO

TYPE OF SERVICE

10. Extracranial Cerebrovascular Doppler (Carodit Duplex Doppler Ultrasonography) ☐
11. Transcranial Doppler ☐
12. Carotid and Transcranial Doppler ☐
13. Transcranial Doppler Monitoring ☐
99. Other (please specify): _____

Additional Report copies:

40. Copy of repot ☐ Number of copies: _____

Referring Physician Signature: _____ Date: _____