

Requisition for Nerve Conduction Study/Electromyography Tests

Referral to: Hannah Briemberg
Kristine Chapman

Gillian Gibson
Kristin Jack

Charles Krieger
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First available

Is this urgent? No Yes, please explain

Is this an inpatient? No Yes, location

Patient Surname:	First Name:	Patient Phone #:	Patient Address:
PHN:	Sex: M F	DOB: mm/dd/yyyy	City, Province: Postal Code:
Is this a WCB claim?	Yes No	Claim #:	Date of injury:
Is this an ICBC claim?	Yes No	Claim #:	Date of MVA:
Ordering Physician Name:		Telephone #:	Address:
MSP#:		Fax #:	
Copy to Physician:	MSP#:	Telephone #:	Address:

NCS/EMG with consult

Muscle Biopsy

Brief History and Findings:

PLEASE ATTACH ALL RELEVANT INVESTIGATIONS AND CONSULT LETTERS:

Consult letters from specialists attached

Recent radiology reports attached

Recent bloodwork results attached

Translator required for language:

Clinical Diagnosis:

Peripheral Neuropathy

Myopathy

Carpal Tunnel Syndrome
Bilateral Left Right

Paresthesia Bilateral Left Right
Arm(s) Hand(s) Finger(s) Leg(s) Foot/Feet

Mitochondrial Disease

Radiculopathy/Plexopathy

Muscular Dystrophy

Ulnar neuropathy

Myasthenia Gravis

Other:

Acetylcholine receptor antibody study attached

PLEASE NOTE:

Your patient will receive an appointment notice letter by mail and you will receive a copy by fax
Incomplete referrals will not be processed