Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street
Richmond Hill, Ontario
L4C 4Z3

Clinical Neurophysiology Lab

EMG/Nerve Conduction (NCS) Outpatient Requisition

Telephone: 905-883-1212 / 905-832-4554 Ext.2004 **Fax: 905-883-0772**

☐ **Ambulatory** ☐ **Wheelchair**

Patient Name: *(Print Last, First)*

Address: # *Street:* *Apt:* *City/Town* *Province* *Postal Code*

Health Card Number: Version Code: Date of Birth: *(dd/mm/yyyy)*

Primary Number: ( ) ☐ Cell ☐ Home ☐ Work ( )

Secondary Number: ( ) ☐ Cell ☐ Home ☐ Work ( )

If Voicemail is NOT to be left check here ☐

Copy To:

☐ **EMG/NCS + Neuromuscular Consultation**

☐ Carpel Tunnel Syndrome	☐ Left	☐ Right
☐ Ulnar Neuropathy	☐ Left	☐ Right
☐ Cervical Radiculopathy	☐ Left	☐ Right
☐ Lumbosacral Radiculopathy	☐ Left	☐ Right

Single Fibre EMG/Repetitive Nerve Stimulation + Neuromuscular Consultation ☐

Reason for Referral:

Is the patient on Anticoagulants (e.g. Coumadin)? ☐ Yes ☐ No

Physician Information

Referring Physician Name: *(Please Print)*__________ Referring Physician Signature __________

Referring Billing Number: __________

Address: __________ City: __________ Postal Code: __________

Telephone Number: __________ Fax: __________

Family Physician same as above ☐ Yes ☐ No If no, please provide information below

Family Physician Name: __________

Address: __________ City: __________ Postal Code: __________

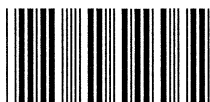
Telephone: ( ) __________ Fax Number: ( ) __________

First Available Appointment ☐

Neuromuscular Neurologist:
☐ Dr. Vincenzo S. Basile ☐ Dr. Olga Finlayson

Important Information for EMG Patients

- Please arrive in Patient Registration - Located on the Main Level, C wing.
- Please arrive 20 minutes before your test.
- Please bring your Health Card, this requisition and any other pertaining documents.
- Please ensure skin is clean and dry without lotions, oils, or creams.
- Please wear loose, comfortable clothing.



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