

Clinical Neurophysiology Lab EMG/Nerve Conduction (NCS) Outpatient Requisition

Telephone: 905-883-2004 Fax: 905-883-0772

Ambulatory Wheelchair

<i>(Print Last, First)</i>					
Patient Name:					
Address: #	<i>Street:</i>	<i>Apt:</i>	<i>City/Town</i>	<i>Province</i>	<i>Postal Code</i>
Health Card Number:	Version Code:	<i>(dd/mm/yyyy)</i>			Date of Birth:
Primary Number: ()	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	()	
Secondary Number: ()	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	()	
If Voicemail is NOT to be left check here <input type="checkbox"/>					
Copy To:					
<input type="checkbox"/> EMG/NCS + Neuromuscular Consultation					
<input type="checkbox"/> Carpel Tunnel Syndrome	<input type="checkbox"/> Left	<input type="checkbox"/> Right			
<input type="checkbox"/> Ulnar Neuropathy	<input type="checkbox"/> Left	<input type="checkbox"/> Right			
<input type="checkbox"/> Cervical Radiculopathy	<input type="checkbox"/> Left	<input type="checkbox"/> Right			
<input type="checkbox"/> Lumbosacral Radiculopathy	<input type="checkbox"/> Left	<input type="checkbox"/> Right			
<input type="checkbox"/> Polyneuropathy	<input type="checkbox"/> Left	<input type="checkbox"/> Right			
Reason for Referral:					
Is the patient on Anticoagulants (e.g. Coumadin)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physician Information					
Referring Physician Name: <i>(Please Print)</i> _____			Referring Physician Signature _____		
Referring Billing Number: _____					
Address: _____		City: _____		Postal Code: _____	
Telephone Number: _____			Fax: _____		
Family Physician same as above <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide information below					
Family Physician Name: _____					
Address: _____		City: _____		Postal Code: _____	
Telephone: () _____			Fax Number: () _____		

Important Information for EMG Patients

- Check in using our self-serve kiosks, located in Patient Registration.
- 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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(Rev March 2021)