

CLINICAL NEUROPHYSIOLOGY UNIT
 ROOM M1-600
 EMG / NERVE CONDUCTION (NCS)
 REQUISITION
 TEL: (416) 480-4475
 FAX: (416) 480-4674

Ambulatory
 Wheelchair
 Stretcher
 Ambulance Transfer
 requires attendee from patient's hospital

Name:
 Hospital File No.
 Account No.
 Address:
 Telephone: D.O.B / /
 OHIP

INPATIENT OUTPATIENT

If the patient has had previous medical imaging including MRI, CT, or ultrasound, please fax along with this referral

Referring Physician:		Physician Referral #:	
Address:			
Phone Number:		Fax Number:	
First Available:	Neurologist:	Physiatrist:	
Neurologist <input type="checkbox"/>	Dr. Lorne Zinman <input type="checkbox"/>	Dr. Dan Somogyi <input type="checkbox"/>	
Physiatrist <input type="checkbox"/>	Dr. Aaron Izenberg <input type="checkbox"/>	Dr. Melanie DeHaan <input type="checkbox"/>	
	Dr. Devra Baryshnik <input type="checkbox"/>	Dr. Larry Robinson <input type="checkbox"/>	

- EMG/NCS + Neuromuscular Consultation**
- Single Fibre EMG/Repetitive Nerve Stimulation + Neuromuscular Consultation**
 (For diseases of neuromuscular junction e.g. Myasthenia Gravis)

Reason for Referral:

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

Referring Physician Signature _____ Date _____

****IT IS IMPORTANT TO BE ON TIME FOR ALL APPOINTMENTS****
 Please allow ample time for traffic and parking delays

