



An agency of the Provincial Health Services Authority

Department Of Diagnostic Neurophysiology
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Web: bcchildrens.ca > Clinical, Diagnostic & Family Services > EEG/EMG

REQUISITION FOR NERVE CONDUCTION STUDIES AND/OR ELECTROMYOGRAPHY

(To be completed fully and legibly by referring physician)

NAME:
DOB:
GENDER: M / F
HOSPITAL #:
PHN:
ADDRESS:

PHONE NUMBER(S):

ISOLATION: RESPIRATORY / ENTERIC / MRSA

TRANSLATOR: N / Y Language: _____

PROCEDURE(S) REQUESTED: NERVE CONDUCTION STUDIES EMG DOCTOR'S DISCRETION

PAST MEDICAL HISTORY: _____

PROVISIONAL DIAGNOSIS: _____

QUESTION(S) TO BE ANSWERED BY PROCEDURE(S): _____

POSITIVE CLINICAL FINDINGS: _____

PERTINENT LAB FINDINGS: _____

PREVIOUS EMGS (DATE): _____ WHERE PERFORMED: _____

SEDATION REQUIRED: NO YES

- If yes, **Dexmedetomidine** intranasal (3 mcg/kg & 1 mcg/kg PRN up to a maximum of 200 mcg/dose) will be given.
- Please note that at BC Children's Hospital Diagnostic Neurophysiology Department, Sedated EMG/NC requests are accepted only from Pediatric Neurologists.

I have received consent from patient/parent and documented it in the chart**

SIGNATURE OF REFERRING PHYSICIAN: _____ M.D.

MSP Billing #: _____

SEND REPORTS TO: _____