



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 EVOKED POTENTIALS

(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: \_\_\_\_\_

REASON FOR EVOKED POTENTIAL TESTING: \_\_\_\_\_

PROCEDURE(S) REQUESTED:

BRAINSTEM AUDITORY EVOKED POTENTIALS

(Neurodiagnostic – NOT for hearing assessment)

Normal external canals / ear drums? YES NO

VISUAL EVOKED POTENTIALS

(Corrective lenses must be worn. Flash stimulation will be used if patient is unable to fixate on an image for a prolonged time period.)

Visual acuity: Right eye / Left eye

SOMATOSENSORY EVOKED POTENTIALS

Upper limbs Lower limbs

BRIEF SUMMARY OF PRESENTING COMPLAINTS: \_\_\_\_\_

PAST MEDICAL HISTORY: \_\_\_\_\_

Are you looking for anything specific? If yes, please specify: \_\_\_\_\_

SEDATION: NO YES

- If yes, Dexmedetomidine (3 mcg/kg & 1 mcg/kg PRN up to a maximum of 200 mcg/dose) will be given for brainstem auditory and somatosensory evoked potentials.
Please note that at BC Children's Hospital Diagnostic Neurophysiology Department, requests for sedated procedures 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: \_\_\_\_\_