



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

PROVISIONAL DIAGNOSIS: _____

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

POSITIVE CLINICAL FINDINGS: _____

PERTINENT LAB FINDINGS: _____

PREVIOUS EMGS (DATE): _____ WHERE PERFORMED: _____

SEDATION FOR EMG

ALL NC/EMG patients are sedated with Chloral Hydrate (50 mg/kg to a maximum dose of 1500 mg) unless indicated below

- No sedation should be given.
- Alternate sedation (prescription and administration must be arranged by the referring physician).**

****I have discussed / received consent from the patient/parent for this procedure.****

SIGNATURE OF REFERRING PHYSICIAN: _____ M.D.

MSP Billing #: _____

SEND REPORTS TO: _____