



An agency of the Provincial Health Services Authority

Department Of Diagnostic Neurophysiology  
1B10 – 4480 Oak Street, Vancouver, BC V6H 3V4  
Phone: 604-875-2124 • Fax: 604-875-2656  
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: \_\_\_\_\_

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

**SEDATION:** For brainstem auditory and somatosensory evoked potentials Chloral Hydrate (30–50 mg/kg to a maximum of 1500 mg) may be given 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: \_\_\_\_\_