



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 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 (40–50 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).

SIGNATURE OF REFERRING PHYSICIAN: _____ M.D.

MSP Billing No.: _____

SEND REPORTS TO: _____