



Neurophysiology Dept.

CONSULTATION WITH EMG/NERVE CONDUCTION STUDIES

FAX completed and signed requisition to 905-338-4494 – Neurophysiology Department

Please Select One:

- First Available EMG/NC Study & Consult **OR** Dr. Khalid Gazala, Neurologist EMG/NC & Consult Dr. Michael Lang, Physiatrist EMG/NC & Consult
- Dr. Zeeshan Waseem, Physiatrist EMG/NC & Consult

This form **MUST** be completed and signed by Referring Physician **PRIOR** to booking test.

Patient Name: _____ D.O.B. _____ Health Card # _____ Unit # _____

Address: _____ City: _____ Postal Code: _____

May we contact patient to book and confirm appointment? Yes No

Phone (H): _____ Phone (W): _____ Phone (C): _____

HISTORY:

REASON FOR TEST:



Date: _____

Referring Physician - Signature: _____

Referring Physician - Print Name: _____

Print or Stamp – MUST BE FILLED OUT

Physician Name: _____

Address: _____

Phone No. _____

Fax No. _____