

**STRONG HEALTH
ELECTROMYOGRAPHY / NERVE CONDUCTION STUDY
NEUROMUSCULAR CONSULTATION
REQUISITION**

Strong Memorial Hospital

919 Westfall Road

Highland Hospital

Phone (585) 275-4568

Fax (585) 273-1254

- Routine Electrodiagnostic Testing - Diagnostic Information only**

- Electrodiagnostic testing with directed Neuromuscular Consult - Diagnostic information with clinical recommendations**

Patient Name _____ D.O.B. _____

Appointment Date: _____ Time: _____ Med. Rec. Number _____

Home Phone: _____ Work Phone: _____

Requesting Physician: _____ Office Phone: _____

New Patient Information: Required

Insurance Type: _____

Subscriber Name: _____

Workman's Comp Case Number: _____

Contract #: _____

MVA: _____

Clinical Problem/Symptoms:

Provisional Diagnosis:

Carpal Tunnel Syndrome: R L Bilateral

Ulnar Neuropathy at the Elbow: R L Bilateral

Other Mononeuropathy: _____ R L Bilateral

Cervical Radiculopathy: Roots- _____ R L Bilateral

Lumbosacral Radiculopathy: Roots- _____ R L Bilateral

Brachial Plexopathy: R L Bilateral

Lumbosacral Plexopathy: R L Bilateral

Polyneuropathy

Myopathy

NM Junction: Myasthenia LEMS botulism

Motor Neuron Disease

Special Studies Requested:

Repetitive Nerve Stimulation

Single Fiber EMG

Long Exercise Study (Periodic Paralysis)

Facial Nerve Conduction

Blink Reflex

Quantitative Sensory Testing

Special Instructions:

Is the patient currently on anticoagulants? Yes No

Date of Last INR: _____ Value: _____

Is the patient currently on mestinon? Yes No

Does the patient have a pacemaker? Yes No

Does the patient have an AICD Defibrillator? Yes No

Patient's Cardiologist: _____