MINDS
Mississauga Institute of Neurological Disorders and Stroke

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EMG & EEG REQUISITION FORM

PATIENT INFORMATION

Last Name:	First Name:	Gender: □ Male □ Female
Date of Birth (DD/MM/YYYY):	Home #:	Cell #:
Health Card #:		
□ OHIP □ Private Pay □ Motor Vehicle Accident	□ Emergent □ Urgent □ Non-Urgent	

TYPES

EMG	EEG (with time-locked video)
□ Routine NCS/EMG □ Complex NCS/EMG □ Single-fibre EMG	□ Routine EEG (30 min) □ Sleep-Deprived EEG (45 min) □ 2-Hour Prolonged EEG □ 4-Hour Prolonged EEG □ Pediatric EEG (30 min)

INDICATION(S)

EMG	EEG
□ Carpal tunnel syndrome □ Ulnar neuropathy □ Foot drop □ Polyneuropathy □ Cervical radiculopathy □ Lumbar radiculopathy □ Myasthenia gravis (suspected NMJ disorder) □ Suspected motor neuron disease □ Myopathy	□ Suspected seizure vs. syncope □ Loss of consciousness NYD □ Epilepsy □ Confusion/encephalopathy NYD □ Known intracranial lesion

REFERRING PHYSICIAN INFORMATION

Name:	Billing Number:
Phone:	Fax:
Copies to:	