



**Dr Joseph A. and Eileen
McMillan Ambulatory Care Centre**
Special Testing Services
Requisition for
EMG and Nerve Conduction Studies

NAME:

DOB:

MRN:

PHONE:

PLEASE SELECT A PHYSICIAN FROM THE SELECTION BELOW

Dr. H. C. Williams
Polyclinic Professional Centre
199 Grafton St, Suite 201
Charlottetown, PE C1A 1L2
Phone: 902-629-8872
Fax: 902-629-1236

Dr. Shahzad A Tanwir
Queen Elizabeth Hospital
PO Box 6000
Charlottetown, PE C1A 8T5
Phone: 902-894-2061
Fax: 902-894-0108

Dr. E. R. Harrison
Queen Elizabeth Hospital
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Dr. Kurt Kimpinski
Polyclinic Professional Centre
199 Grafton St, Suite 302
Charlottetown, PE C1A 1L2
Phone: 902-629-8821
Fax: 902-629-8120

Referring MD

Referring MD Fax Number

Copies to:

WCB Claim

YES

NO

WCB Claim Number:

Clinical Question

Polyneuropathy Myopathy

Neuromuscular Junction Defect

Other ()

	R	L	Both
Carpal Tunnel Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ulnar Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Radiculopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brachial Plexopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Radiculopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lumbar Plexopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Patient has history of:

	YES	NO
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Connective Tissue Disease (e.g., RA, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Anticoagulant Therapy	<input type="checkbox"/>	<input type="checkbox"/>

RELEVANT HISTORY, PHYSICAL FINDINGS AND INVESTIGATIONS:

Physician's Signature

Date