

CLINICAL NEUROPHYSIOLOGY UNIT &
ROOM M1-600 &
EMG / NERVE CONDUCTION (NCS)
REQUISTION &
TEL: (416) 480-4475
FAX: (416) 480-4674 &

Ambulatory ☐
 Wheelchair ☐
 Stretcher ☐
 Ambulance Transfer
 requires attendee from patient's hospital

Name:	
Hospital File No.	
Account No.	
Address:	
Telephone:	D.O.B / /
OHIP	
INPATIENT <input type="checkbox"/>	OUTPATIENT <input type="checkbox"/>
<u>Please Note:</u> Our office will contact the referring office with an appointment Time & Date.	
If the patient has had previous medical imaging including MRI, CT, or ultrasound, please fax along with this referral	

Referring Physician:	Physician Referral #:
Address:	
Phone Number:	Fax Number:
First available <input type="checkbox"/> – (OR choose from below)	
Dr. Aaron Izenberg (Neurologist) <input type="checkbox"/> Dr. Larry Robinson (Physiatrist) <input type="checkbox"/> Dr. Lorne Zinman (Neurologist) <input type="checkbox"/>	Dr. Nic Petrescu (Neurologist) <input type="checkbox"/> Dr. Hanika Pinto (Neurologist) <input type="checkbox"/> Dr. Dan Somogyi (Physiatrist) <input type="checkbox"/>

☐ EMG/NCS + Neuromuscular Consultation

☐ Single Fibre EMG/Repetitive Nerve Stimulation + Neuromuscular Consultation
 (For diseases of neuromuscular junction e.g. Myasthenia Gravis)

Reason for Referral:			
Is the patient on Anticoagulants (e.g. Coumadin)? Yes <input type="checkbox"/> No <input type="checkbox"/> MRSA + <input type="checkbox"/>			
Referring Physician Signature		Date	

****IT IS IMPORTANT TO BE ON TIME FOR ALL APPOINTMENTS****
Please allow ample time for traffic and parking delays

