UHN Toronto General Toronto Western Princess Margaret Toronto Rehab

Neurophysiology Referral Form

PPI LABEL

Date:_____ / _____ / _____
mm *dd* *yyyy*

REFERRAL INFORMATION

Referring Physician: _____ Billing#:_____

Telephone: _____ Fax:_____

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____Contact Telephone #:_____

OHIP#:_____ Version code: _____

History and Clinical Information: (attach consult note if available)

_____

_____

Relevant Medications: _____ ☐ Diabetic

TEST REQUESTED

EEG

☐ Routine EEG ☐ Sleep Deprived EEG ☐ Ambulatory EEG ☐ 48 hrs ☐ 72 hrs

☐ Other_____

EVOKED POTENTIALS

☐ Visual ☐ Auditory Brain Stem ☐ Somatosensory Arms ☐ Somatosensory Legs

EMG & NERVE CONDUCTION STUDIES

☐ Electrodiagnostic consult with Nerve Conduction Studies & EMG

☐ Nerve Conduction Studies & EMG only

☐ Single Fiber Studies for Myasthenia Gravis

For EMG & Nerve Conduction Studies, please specify Doctor:

☐ Dr. P. Ashby ☐ Dr. R. Chen ☐ Dr. D. Dodig ☐ Dr. K. Kong

☐ Dr. S. Sharma ☐ Dr. M. Sourkes ☐ Dr. H. Katzberg

D7049

Print Name:	Signature:	Date:

Fax all relevant information to Neurophysiology Lab: (416) 603-7096
Please note that incomplete forms will not be processed.

Neurophysiology Lab
4TH Floor-Fell Pavilion-Room 435
399 Bathurst Street, Toronto, ON M5T 2S8
T: (416) 603-5800 ext. 2060 F: (416) 603-7096