

YOU MUST BRING THIS REQUISITION TO YOUR APPOINTMENT OR YOUR APPOINTMENT WILL BE CANCELLED

**GRAND RIVER
HOSPITAL**

40 Green Street
5th Floor Kaufman Building
Kitchener, Ontario
N2G 1G3

EMG/Evoked Potential CLINIC
PHONE: 519 749-4235
FAX: 519 749-4312

Outpatient Requisition

Please complete **ALL** sections
Incomplete requisitions will be
returned

*** All Requisitions MUST be faxed to Special Testing ***

It is the referring physician's responsibility to contact patients with appointment details

Patient Name Last: _____ First: _____		Address _____ _____		DOB (YYYY/MM/DD): <input type="checkbox"/> M <input type="checkbox"/> F
Health Card #:	WSIB Claim #:	Patient Consented Contact Phone #:	Can messages be left at this #? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERRAL QUESTION (Check all that apply)

- Carpal Tunnel Syndrome Facial Palsy
 Ulnar Neuropathy
 Other Focal Neuropathy _____
 Polyneuropathy
 Radiculopathy: cervical lumbosacral
 Plexopathy: brachial lumbosacral
 Myopathy
 Other _____

For Evoked Potential Study specify:

- Visual
 Auditory
 Somatosensory

PATIENTS PLEASE:

- Notify Special Testing to rebook or cancel appointments- (519) 749-4235
- Arrive 15 minutes early to get registered – *Test will have to be rebooked if you are late*
- Bring your Health Card

FOR EMG please select one of the following options:

Please note that EMG and consult includes a neurologic consultation, appropriate EMG testing, recommendations for investigations and management, and may include follow-up assessments at the discretion of the neurologist

*** This area MUST be completed or requisition will be returned**

- EMG and Consult – please outline clinical problem below:

- EMG only – please specify which muscles, nerve roots and nerves to study:

- Evoked Potential Study (EP) – please specify which study:

Referring Physician Name (please print clearly):		Family Physician:
Phone Number:	Fax Number:	Copies to Dr:
PHYSICIAN SIGNATURE (mandatory):		Copies to Dr:

Appointment Date & Time: _____
Comments: _____

PLEASE BRING YOUR WSIB CLAIM NUMBER IF APPLICABLE
PLEASE ALLOW YOURSELF EXTRA TIME TO PARK

Preparing for your test...

For the safety and comfort of our patients and staff, GRH supports a scent reduced environment. Please avoid wearing perfume, cologne, aftershave, scented hair spray or scented creams and lotions.

EMG – Exam takes about 30 to 40 minutes. NO lotions, creams or oils on skin. Wear loose fitting clothing.

EMG and Consult – takes about one hour.

EVOKED POTENTIAL – Each part of exam takes about 30 to 40 minutes. You must have clean, dry hair - no grease, oil, mousse, or gel. NO lotions, creams or oils on skin. Wear your eyeglasses/contact lenses.



FINDING YOUR WAY AROUND

K-W HEALTH CENTRE WINGS



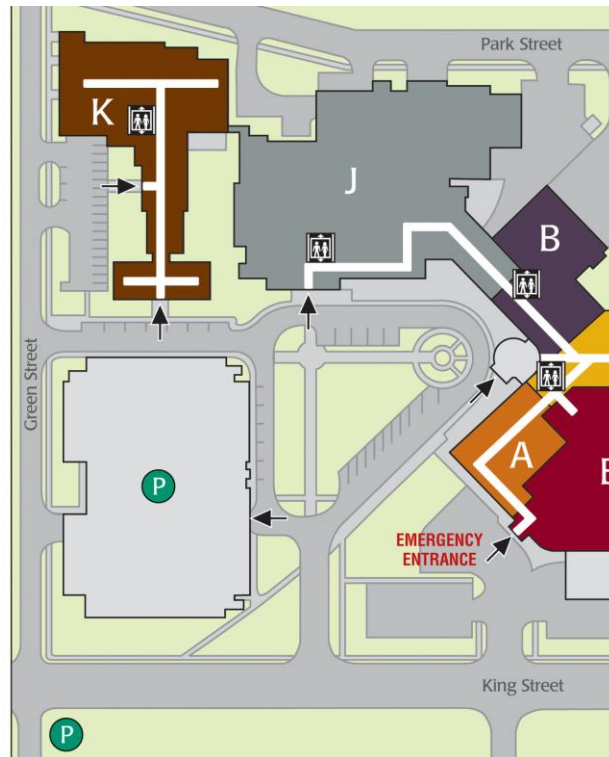
J GRAND RIVER REGIONAL CANCER CENTRE

K KAUFMAN BUILDING

P PARKING

ELEVATOR LOCATIONS

ENTRANCES



EMG and Evoked Potential studies take place in the Kaufman Building, Grand River Hospital KW Site, located at 40 Green Street, Kitchener. It is in the building marked “K” in the map above.

To get to the Kaufman building:

1. Please park in the Green Street parking lot or the main KW parking garage.
2. Do not go in the main entrance of the hospital, but directly to the Kaufman building which is across from the parking garage.
3. The Kaufman building has a wheelchair-accessible ramp from the Green Street entrance.
4. When you enter the Kaufman building, you will be on the fourth floor of the building. Please go to the fifth floor using either the stairs or the elevator.

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www.grandriverhospital.on.ca