Nerve Conduction Studies Requisition

TELE-N-CEPHALON
Re-Inventing Health Care Delivery

www.neuro-diagnostics.ca

Ph:1-437-291-0456
Fx:1-855-739-0003

Name:_____ DOB (dd/mm/yyyy)_____

Address:_____ Sex: M ☐ F ☐

_____ Health Card # & VC_____

Telephone (Home)_____

(Cell)_____

Please check off the reason and Nerve to be tested:

(Needle studies are not performed)

Carpal tunnel syndrome c R c L

Ulnar neuropathy c R c L

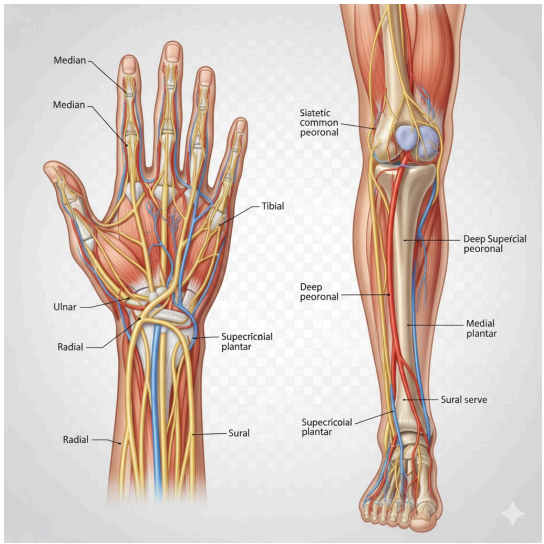
Peripheral neuropathy:

Disclaimer:

We perform simple CTS and PN.

We do not do examinations or consultations

If any of the above is required, please refer to the Neurologist.



Referring Dr Name:_____

Billing Number:_____

Fax Number:_____

Signature:_____

Location:

Peterborough: 459 George St N Unit 210

Ajax : 300 Rossland Road E, Unit 301

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