Tele-N-Cephalon
Re-inventing health care delivery

Nerve Conduction Studies Requisition

www.neuro-diagnostics.ca

Phone:437-291-0456

Fax: 1-855-739-0003

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

Address:_____ Sex: M ☐ F ☐

_____ Health Card # & VC_____

Telephone (Home)_____

(Cell)_____

Please check off reason and Nerve to be tested:

(Needle studies are not performed)

Carpal tunnel syndrome c R c L

Ulnar neuropathy c R c L

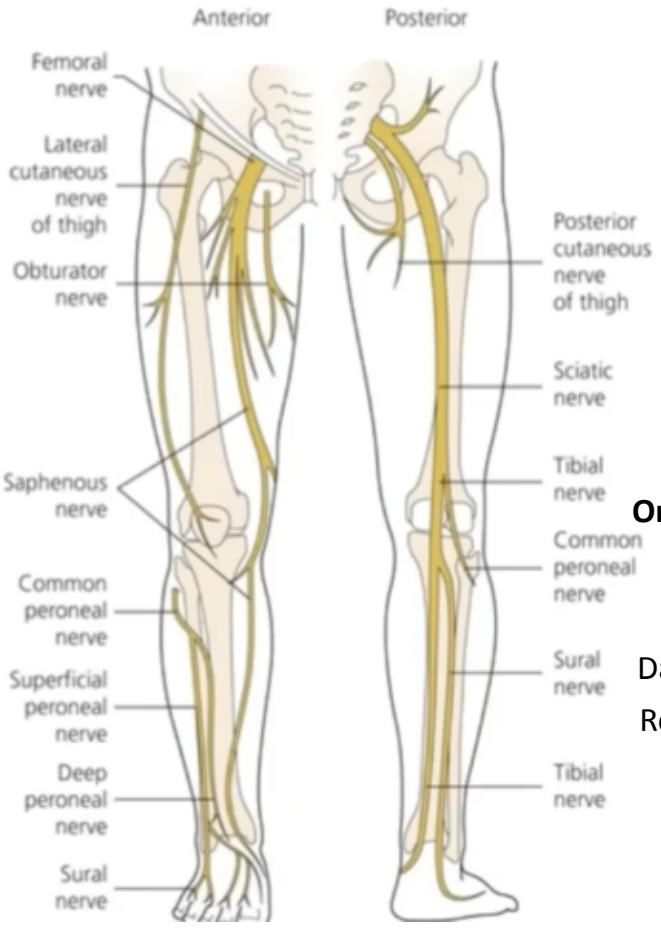
Peripheral neuropathy:

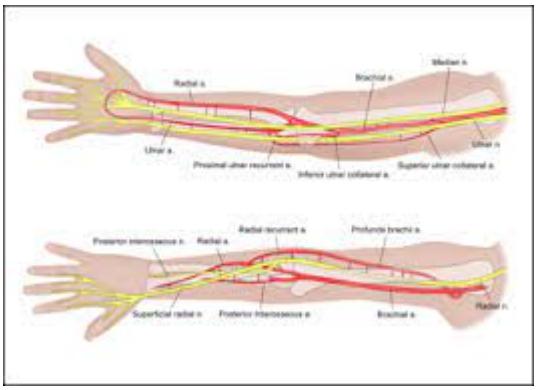
Disclaimer:

We perform simple CTS ans and PN.

We do not do examinations nor consultations

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





Ordering Physician:(Please Print) ____ _____

Billing #:_____

Fax #:_____

Date:_____Signature:_____

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