McLaren
GREATER LANSING

# NEURODIAGNOSTICS
## EMG/EEG/EP Referral

Telephone: 517-975-2935
Fax: 517-975-2934

Referring physician's office must **call to schedule the appointment.**
Please fax this ***signed*** referral after the appointment has been made.

| Patient Name: | Phone: |
|---|---|
| DOB: | Insurance: |
| If Worker's comp: | |
| Date of Injury: | Claim #: |

| ❑ Referral for EMG | |
|---|---|
| *Requested Exam* | *Exam Location* |
| ❑ EMG<br>❑ NCS<br>❑ Single Fiber<br>❑ Other: | ❑ Right ❑ Arm<br>❑ Left ❑ Leg<br>❑ Bilateral ❑ Both<br>❑ Other: |
| *Diagnosis* | *Patient Instructions* |
| ❑ Peripheral Polyneuropathy<br>❑ Carpal Tunnel Syndrome<br>❑ Stenosis<br>❑ Radiculopathy<br>❑ Neuropathy<br>❑ Myasthenia Gravis<br>❑ Other (please describe below): | • Single fiber EMG's only – Do not take the medication Mestonen for 24 hours prior to testing. |

| ❑ Referral for EEG | |
|---|---|
| *Diagnosis* | *Patient Instructions* |
| ❑ Seizure<br>❑ Syncope<br>❑ Headache<br>❑ Dizziness<br>❑ Other: | • Clean dry hair, no sprays or gels<br>• Take all medications, but bring a list of what they are<br>• Reduce sleep – go to bed 2 hours later and wake 2 hours earlier<br>• No caffeine the day of the test |

| ❑ Referral for Evoked Potential Study | |
|---|---|
| *Diagnosis* | *Exam Location* |
| ❑ Multiple Sclerosis<br>❑ Surgical Baseline<br>❑ Other: | ❑ SSEP<br>❑ AER<br>❑ VER |
| | *Patient Instructions* |
| | • No lotion on arms or legs<br>• Bring baggy shorts if you have them |

| Physician Name: | |
|---|---|
| Physician Signature: | Date: |