NEURODIAGNOSTICS: EMG, NCS, AND EEG TESTING

Neurodiagnostic tests can be used to identify a variety of underlying pathologic processes. Some disorders that may be discovered could include carpal tunnel syndrome, neuropathy, amyotrophic lateral sclerosis, Guillain-Barré syndrome, muscular dystrophy, brachial plexopathy, cervical and lumbar radiculopathy, myasthenia gravis, radiculopathy, and peripheral polyneuropathy.

- Needle Electromyography (EMG) measures muscle response or electrical activity in response to needle evaluation of the muscle.
- Nerve Conduction Studies (NCS) uses a series of surface electrodes placed along specific peripheral nerves. The information from these tests is used to help identify neuromuscular abnormalities.

EEG may be used to evaluate several types of brain disorders which include seizures, syncope, narcolepsy, and brain lesions resulting from tumors or stroke. EEG can also be used to evaluate the extent of brain damage following trauma, drug intoxication, or patients who are comatose.

 Electroencephalogram (EEG) can detect abnormalities in the brain waves, or electrical activity of the brain, and is most commonly used to show the type and location of the activity in the brain during a seizure. During the procedure, electrodes consisting of small discs with thin wires are pasted onto the scalp.

HOW TO REFER:

EEG's are read by physicians from MSU Neurology. Outpatient EEG testing is provided Tuesday – Friday and can be scheduled by faxing a referral to our central scheduling department at (810) 600-7864. Preliminary test results are available within 48 hours of the test being performed. Referral form is on the back. For EMG's, fax the referral form to (517) 975-2934.



MEET THE PHYSICIANS







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Accredited by the American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM).

For more service line information, visit mclaren.org/careconnect.



Neurodiagnostics/EMG Clinic 3101 Discovery Dr. Ste 300 Lansing, MI 48910 517-975-2935 Phone 517-975-2934 Fax

Patient Name:	Phone:
DOB:	Insurance:
If Worker's Comp:	
Date of Injury:	Claim #
If Auto Accident:	
Date of Injury:	Open and Billable Claim #

REFERRAL FOR EMG		
Requested Exam:	Extremity to be examined:	
□ EMG	Right Arm	
	□ Left □ Leg	
□ Single Fiber	□ Bilateral □ Other:	
□Other:		
Diagnosis with ICD 10: (Please circle)	Patient Instructions:	
Peripheral Polyneuropathy G62.9	• No oil or lotion on extremity(s) being tested.	
Carpal Tunnel Syndrome G56.01, G56.02, G56.03	Wear short/sleeveless shirt for upper extremity	
Stenosis	EMG.	
Radiculopathy M54.10	• Wear or bring shorts for lower extremity EMG.	
Neuropathy G62.9	Gowns are avalible.	
Myasthenia Gravis G70.00		
• Other (Please describe with DX code):	FAX EMG REFERRAL TO 517-975-2934	

Physician Name:	
Physician Signature:	Date: