

STRONG HEALTH
ELECTROMYOGRAPHY / NERVE CONDUCTION STUDY
REQUISITION

Strong Memorial Hospital
Silver Elevators, 1st Floor

919 Westfall Road
Bldg. C, Suite 220

Highland Hospital
POB, Suite 202

Phone (585) 275-4568

Fax (585) 273-1254

- Routine Electrodiagnostic Testing - Diagnostic Information only**

- Electrodiagnostic testing with directed Neuromuscular Consult - Diagnostic information with clinical recommendations**

Patient Name _____		D.O.B. _____	
Med. Rec. Number _____		Home Phone: _____	
Requesting Physician: _____		Office Phone: _____	
New Patient Information: REQUIRED			
PRE AUTHORIZATION # _____		Insurance Type: _____	
NOT REQUIRED _____ initials _____		Contract #: _____	
		Subscriber Name: _____	

SPECIAL INFORMATION:

Does the patient have a pacemaker ?	Yes	No
Does the patient have an AICD Defibrillator ?	Yes	No
Patient's Cardiologist: _____		

Is the patient currently on anticoagulants ?	Yes	No
Date of Last INR: _____	Value: _____	

Clinical Problem/Symptoms:

Provisional Diagnosis:

- | | | |
|---|----------------------|---|
| <input type="checkbox"/> Carpal Tunnel Syndrome: | R L Bilateral | <input type="checkbox"/> Polyneuropathy |
| <input type="checkbox"/> Ulnar Neuropathy at the Elbow: | R L Bilateral | |
| <input type="checkbox"/> Other Mononeuropathy: _____ | R L Bilateral | <input type="checkbox"/> Myopathy |
| | | <input type="checkbox"/> NM Junction: Myasthenia LEMS botulism |
| <input type="checkbox"/> Cervical Radiculopathy: Roots- _____ | R L Bilateral | |
| <input type="checkbox"/> Lumbosacral Radiculopathy: Roots- _____ | R L Bilateral | <input type="checkbox"/> Motor Neuron Disease |
| <input type="checkbox"/> Brachial Plexopathy: | R L Bilateral | |
| <input type="checkbox"/> Lumbosacral Plexopathy: | R L Bilateral | |

Special Studies Requested:

- Repetitive Nerve Stimulation**
- Single Fiber EMG**
- Long Exercise Study (Periodic Paralysis)**
- Facial Nerve Conduction**
- Blink Reflex**
- Quantitative Sensory Testing**