

Louis H. Medved, M.D.
 Bridget A. Skinner, P.A.
 Neurology
 Electromyography and Infusion Suite
 30 Erie Canal Drive, Suite G
 Rochester, New York 14626
 TELEPHONE (585) 227-3950 FAX (585) 227-9047
 www.louismedvedmd.com

REQUISITION FOR NEUROPHYSIOLOGIC (EMG/NCV) TESTING

Date of Request _____

Patient Name: _____ DOB: _____ Patient Phone: _____

Is the patient anticoagulated? **Yes/ No** Is the patient diabetic? **Yes / No**

Referring Doctor _____ Phone Number _____ Fax Number _____

Diagnosis	Left	Right
Carpal Tunnel Syndrome		
Ulnar Neuropathy		
Radial Neuropathy		
Cervical Radiculopathy		
Brachial Neuritis		
Neck pain		
Peroneal Neuropathy/Foot Drop		
Lumbar Radiculopathy		
Peripheral Neuropathy		
Spinal Stenosis		
Low Back Pain		
Tarsal Tunnel Syndrome		
Peripheral Neuropathy		
Myopathy/Myasthenia/Fatigue		
Guillain Barre		
ALS		

Clinical Information: _____

Please provide any notes, prior studies and/or MR's if available. For URGENT studies please call the office directly.