

EMG Laboratory Electromyography and **Nerve Conduction Studies** 216-844-1923 (schedule) 216-844-7624 (fax)

- [] Case Medical Center 11100 Euclid Ave Bolwell 2700 Cleveland, OH 44106
- [] Chagrin Highlands Health Center 3909 Orange Place Suite 2000 Orange Village, OH 44122
- [] Westlake Health Center 960 Clague Road Suite 3120 Westlake, OH 44145

- [] Richmond Medical Center 27100 Chardon Road Cardiopulmonary Services Richmond Heights, OH 44143
- [] University Suburban Health Center [] Bedford Medical Center 1611 South Green Road Suite 300 South Euclid, OH 44121
- 44 Blaine Avenue B-100-83 Bedford, OH 44146

Patient Name:	UH# (if available):				
Patient Telephone (home):	(work):				
Appt. Date:	Time:		a.m./p.m.		
Reason for EMG (indicate symptoms,	diagnosis and	or check ap	propriate box below):	***************************************	de de la companya de
	CONTRACTOR OF THE CONTRACTOR O				
Deferring Physician Signature:			4.112		
Referring Physician Signature:			elect Limb - Right or Left)		
UPPER EXTREMITY	Right	Left	LOWER EXTREMITY	Right	Left
Cervical Radiculopathy			Lumbosacral Radiculopathy		
Carpal Tunnel Syndrome (CTS)			Spinal Stenosis		
Median Neuropathy (except CTS)			Femoral Neuropathy		
Ulnar Neuropathy			Peroneal Neuropathy		
Radial Neuropathy			Sciatic Neuropathy		
Brachial Plexopathy			Tarsal Tunnel Syndrome (TTS)	***************************************	
Thoracic Outlet Syndrome (TOS)			Lumbosacral Plexopathy		
Axillary Neuropathy			OTHER		
Musculocutaneous Neuropathy			Facial Neuropathy (Bell's Palsy)		
Suprascapular Neuropathy			Vagal Neuropathy (Laryngeal Palsy)		
Phrenic Neuropathy			Thoracic Radiculopathy		
Generalized Problems (S	elect Right	or Left -	Both UE and LE Extremities Wil	l Be Exam	ined)
Peripheral Neuropathy			Myasthenia Gravis		
Motor Neuron Disease		2 10	Myopathy		

Special Instructions: At the time of the EMG appointment, the patient's skin should be clean without lotions, oils or creams. No other special preparation is required. The patient can take all their medications as prescribed. Please indicate if the patient is taking a blood thinner, or is on medication for myasthenia gravis, or has a pacemaker or stimulator. There are no aftereffects and the patient can return to their usual activities immediately upon leaving the laboratory. The results of the EMG examination are faxed and mailed to the referring physician, who in turn, will explain the results to the patient. If you have further questions, please call the EMG laboratory at 216-844-1923.