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| Appointment Date & Time: |
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EMG Request

Athlete's Care – Yonge & Eglinton
 2401 Yonge St., Suite LL01
 Phone: 416-544-9065
 Fax: 416-544-9063

Request Type (check one)

- EMG only Consultation, EMG, and Management

Patient Demographics

| | | | |
|--------------|--|-------------|--------------|
| Patient Name | | DOB (d/m/y) | |
| Health Card | | | Version Code |
| Address | | | Postal Code |
| Home Phone | | Cell Phone | |

Reason for Referral

| |
|----------------------|
| Clinical History |
| Duration of Symptoms |

Referring Physician Information

| | | | |
|--------------------------|--|-----------------------|--|
| Referring Physician Name | | Billing Number | |
| Phone Number | | Fax Number | |
| Signature | | Additional Copies to: | |

*****Instructions: Please NO hand cream or body lotion. Wear loose clothing*****