ALBERTA NEUROLOGIC CENTRE
Suite 204, 1608 17th Avenue SW, Calgary, Alberta, T2T 0E3
Phone: 587-747-5615 Fax: 587-747-5616
www.ancentre.ca

ELECTROMYOGRAPHY (EMG) REFERRAL FORM
Rapid Referral Pathway for Plastic and Hand Surgeons

Dr. Sameer Chhibber
MD, FRCPC (Neurology), CSCN (EMG)

Dr. Jonathan Fridhandler
MD, FRCPC (Neurology), CSCN (EMG)

Dr. Stephen McNeil
MD, FRCPC (Physical Medicine and Rehabilitation), CSCN (EMG)

Dr. Geoffrey Frost
MD, FRCPC (Physical Medicine and Rehabilitation), CSCN (EMG)

AND ASSOCIATES

Referrals will be triaged and scheduled with the first available provider

Name: _____ Date of Birth: _____ ULI: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

REFERRAL INFORMATION

Time Frame

☐ **2 weeks**
☐ **4 weeks**
☐ **8 weeks**
☐ **other specify below**

Referring Physician

NAME: _____
PRAC ID: _____
Phone: _____
Fax: _____

Physician to Receive Copies

_____
_____
_____
_____

CLINICAL QUESTION

☐ Carpal Tunnel Syndrome ☐ Ulnar Neuropathy ☐ Cervical Radiculopathy ☐ Brachial Plexopathy ☐ Facial
☐ Radial ☐ Other _____

Relevant History and Examination: (include any relevant investigations, imaging studies, consults and prior EMG studies)

Referring Physician Signature: _____ **Date:** _____

*Please fax completed referral to ANC at **587-747-5616***