All India Institute of Medical Sciences, Jodhpur

Department of Neurology

Neurology OPD, ground floor ‘B’ block, Room no. - 41

NCS/EMG Requisition Form

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| Name: Age /sex: Date:  Indoor /outdoor: Ward/Bed no: ID: |
| Referred by: Dept:  Address: Phone No:  Chief Complaints (Give Brief Details):  Routine/Urgent: Reason for urgency: |

**Test needed** – NCS - EMG - RNST - VEP - BAER -

SSEP - If any other test or any advice –

Brief Neurological Examination –

Provisional Diagnosis –

Indication for test -

Previous test -

Radiology reports (if any) –

CK NAC –

PT / INR –

Is patient on antiplatelets/ anticoagulants –

(If so any recent bleeding platelet count) –

Instructions Before NCS/EMG/EP -

1)Avoid cold extremities.

2)Patient can take light breakfast /lunch before NCS/EMG/EP.

3)Don’t skip any medications advised by your treating doctor (until and unless particularly advised for same.

4)Reach on scheduled time, otherwise next date will be given.

5)Patient should be assisted by 1 attendant (mother for kids).

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| Clinician’s / Resident’s Name – Date for Test -  Clinicians’ s / Resident’s Sign. - Parent’s Sign. - Technician’s Sign. - |