



Nanaimo Regional General Hospital
**NEURO ELECTRODIAGNOSTICS
 SERVICES**
INPATIENT REQUISITION

 SURNAME GIVEN NAME(S) GENDER

 PHN / MRN

 DOB AGE

 Hospital Unit Room #/bed Local

For In-Patient Bookings – NRGH

Fax: 250-739-3382
Local x53382

EEG (Electroencephalogram)
 Patient should have clean dry hair, no hair products.

24-Hour Ambulatory EEG
 Set Up 2 hours, removal ½ hour the following day
 *Must be ordered by a **Neurologist**
 *Must have had **recent prior routine EEG**.
 Monitor and diary are kept in the ward with patient.

SEP (Somatosensory Evoked Potentials)
 Upper **Lower**

EMG (Electromyogram) / NCV (Nerve Conduction Study) DO NOT ORDER HERE. Please arrange directly with a Neurologist or Psychiatrist.

Precautions Contact Droplet
 Violence risk Airborne

Is the Patient On Dialysis? Provide Schedule
 Receiving ECT? Provide Schedule
 Query Prion disease
 Scalp lesion/burn/drain?
 On CNS altering Drugs? Specify

Requisition Date: _____ Date Required: _____ Urgent Semi-Urgent ASAP
 Routine System Utilization

Provisional Diagnosis (History, Reason for Test):

Medication(s): _____

Height: _____ Weight: _____ Allergies: _____

PHYSICAL OR MENTAL CHALLENGES – PATIENTS WITH PHYSICAL OR MENTAL CHALLENGES MAY REQUIRE MORE TIME FOR TESTING.

PLEASE SPECIFY: _____

Ordering Physician: _____

Requested Interpreting Physician: _____

CC: _____