



Neurology Consult and Electro-Neurodiagnostic Lab Referral Form

Please Complete and fax to 807-683-4420

Urgent requests require a Practitioner to Physician call

SERVICES REQUESTED – Please Select **ONE** of the specialists or the first available appointment

- Dr. Hadi Shojaei** – Physical Medicine & Rehabilitation – EMG Testing
- Dr. Afshin Latifi Soofi** – Neurologist – Neuromuscular, Movement Disorders, EMG Testing
- Dr. Amro Lahlouh** – Neurologist – Epilepsy, Headaches
- First available appointment

Please note, once triaged, your patient will be booked to see the most appropriate member of the group.

Patient Information (Name, DOB, Gender, HCN, Gender, Address, Phone (Home, Work, Mobile), E-mail)

NEURO TESTING REQUEST

- Neuromuscular consult + Facial Nerve and Blink Reflex
- Neuromuscular consult + Repetitive Nerve Stimulation
- Neuromuscular consult + Upper extremities NCS and EMG
- Neuromuscular consult + Lower extremities NCS and EMG

Reason for referral:

Please attach a copy of all patient's investigations:

- X-Ray
- MRI
- Blood Work
- Other Relevant Investigations

Referring Physician/NP

Name: _____ Billing Number: _____ Date: _____

Address/Phone/Fax: _____

cc: _____ MD/NP Signature: _____