ByWard ÉQUIPE DE SANTÉ FAMILIALE
bywardfht.ca
613-564-3950

Capital EMG PHYSIATRISTS
100 Marie-Curie Private (300), Ottawa, Ontario K1N 6N5

ByWard FAMILY HEALTH TEAM
bywardfht.ca
613-564-6627

Date :____________

EMG/NCS Clinic Referral

Referring Physician

Name ____________________ Billing # __________

Address ______________________________________

____

Phone ______________ Fax ______________

Signature ______________________________________

Patient

Name ______________________________________

Address ______________________________________

____

Prov. Health # ____________________ Expiry __________ yyyy-mm-dd

Date of Birth: ____________ yyyy-mm-dd

Phone #: ______________________________________

Email: ______________________________________

Referral for Consult and EMG Testing to

☐ **First Available Physician**

Or indicate a specific provider ☐ **Dr. Scott Wiebe** ☐ **Dr. Colin Mascaro** ☐ **Dr. Gerald Wolff** ☐ **Dr. Michael Osmond**

Clinical Details and Referral Question

Date of Injury (if applicable): ________________

Duration of Symptoms History ______________________________________

Tentative Diagnosis ______________________________________

Please attach patient profile including past medical history & current medications.

**** PLEASE BE SURE TO FORWARD ALL RELEVANT IMAGING/LAB WORK WITH THIS REFERRAL. ****

Patient Specifics

Patient's with special needs (if any):

Previous Study (EMG/imaging):______________________________________