Memorial Neurodiagnostic Services

Patient Name: Please bring this sheet with y	ou at time of serv	vice.)	Patient DOB:
appointment Date:		Arrival Time:	Procedure Time:
Diagnosis (ICD-10 Code Red	quired):		
(Print	ed):		
(Date):			(Time):
Procedure Sche	duled: EMO	G	
Please check ap	propriate bo	ox:	
	EMG 30 MIN. ALL DIAGNOSES		
	EMG BILATERAL LOWER EXTREMITY		
	EMG 45	MIN. (EXCEPT BI	LAT LOWER EXTREMITY)
	NERVE	CONDITION VEI	LOCITY STUDY
	UPPER		VER
	RIGHT	□ LEF	T BILATERAL

About your procedure: EMG: Enables the physician to analyze the electric activity in muscles. A fine needle-electrode is inserted into selected muscles. By seeing the electric activity on a screen and listening over a loud speaker, the physician can determine whether the muscle is working normally.

NCV: Small needle-electrodes are taped onto the skin and brief electric stimulus is applied to one portion of the nerve to evaluate the electric response of the nerve.

How to find us: Free valet parking is available for patients at the Main Entrance, or you may park in the Bartlett Street Parking Ramp (see map). When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk (see maps). If you have any questions, please ask the Main Entrance Information Desk. If you need assistance regarding scheduling, please call 647-7700.

647-7700

Memorial
Hospital of South Bend*
Quality of Life