NORTH SHORE NEUROLOGY
Dr. Meera Gupta MD FRCPC (Neurology)
Dr. Timothy G. McDowell Inc. MD FRCPC (Neurology)

EMG/NCS Referral:

Fax to (604) 960-2144

Patient Information:

Patient's Full Name: _____

Patient's PHN: _____

Gender: _____ Date of Birth: _____

Address: _____

Contact: *Primary* _____ *Alternate*: _____

Referral Information:

Priority: _____

Referring Healthcare Provider:

Name: _____ Signature: _____

MSP#: _____ Phone: _____ Date of Referral: _____

Fax: _____

Names of other care providers involved:

_____

Reason for Referral:

_____

_____

_____

_____

Reason for Urgency:

_____

_____

_____

_____

Past Medical History:

_____

_____

_____

_____

Please include any relevant previous imaging, laboratory values, previous EMG/NCS studies for comparison. Patients will be contacted directly.

702-145 E 13th Street, North Vancouver, British Columbia, Canada V7L 2L4
T (604) 265-4804 | F (604) 960-2144 | frontdesk@northshoreneurology.ca | www.northshoreneurology.ca