

Appointment Date & Time:

# **EMG Request**

- Athlete's Care Yonge & Eglinton 2401 Yonge St., Suite LL01, Tel : 416-544-9065 Fax: 416-544-9063
- Athlete's Care Markham, 72 Copper Creek Drive, Unit 101A Tel: 905-201-3583 Fax: 416-479-8688
- Athlete's Care Leaside, 1820 Bayview Avenue, Unit 12 (Level M) Tel: 416-546-9454 Fax: 416-479-8688
- Athlete's Care Oakville South, 271 Cornwall Rd, Suite 202 Tel: 905- 844-2711 Fax: 416-479-8688

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# **Patient Demographics**

Patient Name		DOB (d/m/y)		
Health Card				Version Code
Address			Postal	Code
Home Phone	Cell Ph	one		

## **Reason for Referral**

Clinical History		
, ,		
Duration of Symptoms		

## **Referring Physician Information**

Referring Physician Name			Billing Number
Phone Number	Fax	Number	
Signature		Additional (	Copies to:

\*\*\*Instructions: Please NO hand cream or body lotion. Wear loose clothing\*\*\*