



**OAKVILLE
PHYSIATRY**

DR ZEESHAN WASEEM, MD, FRCPC

DR IDA CAVALIERE, MD, FRCPC, CSCN DIPLOMAT (EMG)

345 Lakeshore Road East, Suite 302

Oakville, ON L6J 1J5

Phone: 905-842-2888 | Fax: 905-842-5316 | Email: info@oakvillephysiatry.com

EMG/Nerve Conduction Studies Requisition Form

Please Select an Option:

() First Available Doctor EMG/NC

() Dr. Zeeshan Waseem, Physiatrist, EMG/NC

() Dr. Ida Cavaliere, Physiatrist, EMG/NC

Patient Information:

Full Name: _____

D.O.B.: ____/____/____ (mm/dd/yyyy) Health Card: _____

Address: _____

Phone (H): _____ Phone (C): _____ Phone (W): _____

May we contact patient directly with appointment information?: () YES or () NO

Relevant Medical History:

Reason for Test:

Referring Physician: _____

Referring Physician Signature: _____

Billing #: _____ Date: ____/____/____

PLEASE FAX SIGNED & COMPLETED FORMS TO: 905-842-5316