

Dr. Alex Jahangirvand

MD, FRCPC, CSCN Diplomate (EMG) **Neurologist**

Neuromuscular Specialist

Consultation with EMG/NCS REQUISITION FORM

Date of Referral:
Requesting Physician Full Name:
Billing #:
Physician Phone Number:
Physician Fax Number:
Patient Name:
Health Card with version code (OHIP):
Gender:
Date of Birth:
Address:
Phone Number(s):

Reason for Referral:

Please attach any other relevant information and Fax to our office at 705-503-5801