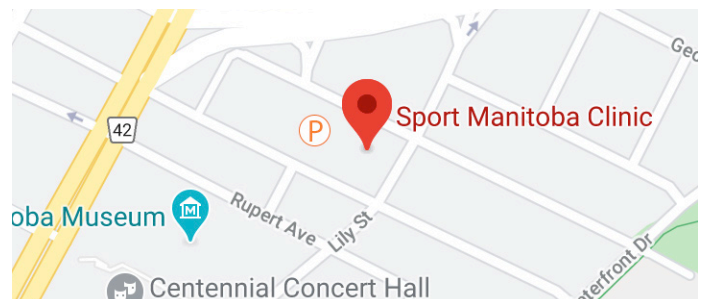


**Sport Manitoba Clinic**

200-145 Pacific Ave., Winnipeg MB, R3B 2Z6

Phone: 204-925-5944 | **Fax:** 204-925-5946**Email:** smc@sportmanitoba.ca**Website:** www.sportmanitoba.ca/clinic**Patient Name:** _____ **D.O.B.:** _____**Patient Phone:** _____ **Patient Address:** _____**MB Health # (6 digits):** _____ **PHIN # (9 digits):** _____**Referring Physician Information:****Name:** _____ **Clinic Name:** _____**Phone number:** _____ **Address:** _____**FAX:** _____**Reason for Referral:**

Electrodiagnostic Consultation (EMG/ NCV)

☐ Carpal Tunnel Syndrome☐ Ulnar Neuropathy☐ Neuropathies☐ Myopathies☐ Lumbar Spine Radiculopathy☐ Cervical Spine Radiculopathy☐ Other (please specify)**Relevant Medical History / Medications:****Diagnostic Tests/Reports:**☐ X-Ray _____☐ MRI _____☐ CT Scan _____☐ Blood Work _____☐ Prior Electrodiagnostic Studies _____**Physician Name:** _____**Physician Signature:** _____**Date:** _____**Dr. Sepideh Pooyania**, MD, FRCPC, CSCN.
Physical Medicine and Rehabilitation SpecialistIndoor parking is available in the Sport Manitoba facility.
Parkade entrance is on the north side of the building off
Alexander Ave.