ELECTRODIAGNOSTIC STUDIES

Diplomatic American Board of Electrodiagnostic Medicine
Tel: (310) 652-6060 Fax: (310)652-6607

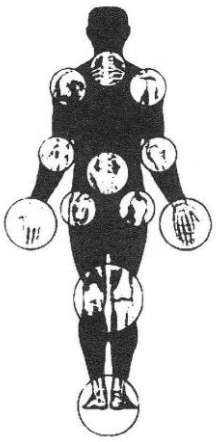
☐ **Kamran Hakimian, M.D., Inc.** ☐ **Tina Hakimian, M.D., Inc**

Patient's Name: _____

Date of Birth: _____ Phone: _____

Appointment Date: _____ Time: _____

( ) EMG / ( ) NCV



Upper			Lower		
Median	**R**	**L**	**Peroneal**	**R**	**L**
Ulnar	**R**	**L**	**Sural**	**R**	**L**
Radial	**R**	**L**	**Tibial**	**R**	**L**

( ) Neuromuscular Junction Study

( ) Upper Extremities
( ) Lower Extremities

( ) Other Studies _____

Referring Physician: _____

Signature: _____

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