

# EMG & Rehab



PLLC

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## ELECTRODIAGNOSTIC TESTING

Patient name: \_\_\_\_\_

Side to test:  Right  Left  Bilateral

Complaint: \_\_\_\_\_

Dx (rule out): \_\_\_\_\_

Report to: \_\_\_\_\_

Fax: \_\_\_\_\_

Appointment: \_\_\_\_\_