

Our physicians provide comprehensive EMG's. They evaluate the patient for more diffuse or systemic problems that may be contributing to the patients symptoms. For example, if a patient has hand numbness, they will clinically evaluate them for polyneuropathy and then perform additional EDX testing if clinically indicated.

Some disorders that may be discovered with neurodiagnostic testing include carpal tunnel syndrome, neuropathy, amyotrophic lateral sclerosis, Guillain-Barré syndrome, muscular dystrophy, brachial plexopathy, cervical and lumbar radiculopathy, myasthenia gravis, radiculopathy, and peripheral polyneuropathy.

- Needle Electromyography (EMG) measures muscle response or electrical activity in response to needle evaluation of the muscle.
- Nerve Conduction Studies (NCS) uses a series of surface electrodes placed along specific peripheral nerves. The information from these tests is used to help identify neuromuscular abnormalities.

EEG may be used to evaluate several types of brain disorders including seizures, syncope, narcolepsy, and brain lesions resulting from tumors or stroke. EEG can also evaluate the extent of brain damage following trauma, drug intoxication, or patients who are comatose.

• Electroencephalogram (EEG) detect abnormalities in the brain waves, or electrical activity of the brain, and is most commonly used to show the type and location of the activity in the brain during a seizure. During the procedure, electrodes consisting of small discs with thin wires are pasted onto the scalp.

## **CONTACT US**

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## **HOW TO REFER:**

Patients can expect their first appointment to be within one week of the referral form being completed and sent. Preliminary test results are available within 48 hours of the test being performed. Referral form is on the back.

EEG's are read by physicians from MSU Neurology. Outpatient EEG testing is provided Tuesday – Friday and can be scheduled by faxing a referral to our central scheduling department at (810) 600-7864.





For more service line information, visit mclaren.org/lansingcareconnect.



Neurodiagnostics/EMG Clinic 3101 Discovery Dr. Ste 300 Lansing, MI 48910 517-975-2935 Phone 517-975-2934 Fax

| Patient Name: Phone                                       |         | e:  |              |  |
|---|---------|---|--------------|--|
|   |         |   |              |  |
| DOB:  | Insuran | surance:  |              |  |
| If W. J. J. O.  |         |   |              |  |
| If Worker's Comp:   |         |   |              |  |
| Date of Injury: Claim                                     |         | aim #   |              |  |
| If Auto Accident:   |         |   |              |  |
| Date of Injury: Open                                      |         | n and Billable Claim #                          |              |  |
|   |         |   |              |  |
|   |         |   |              |  |
| ☐ REFERRAL FOR EMG  |         |   |              |  |
| Requested Exam:   |         | Extremity to be examined:                       |              |  |
| □ EMG   |         | ☐ Right   |              |  |
| □ NCS   |         | ☐ Left  | □ Leg        |  |
| ☐ Single Fiber  |         | ☐ Bilater                                       |              |  |
| □Other:   |         | □ bilater                                       | rai 🗀 Other. |  |
| Diagnosis with ICD 10: (Please circle)                    |         | Patient Instructions:                           |              |  |
| Peripheral Polyneuropathy G62.9                           |         | No oil or lotion on extremity(s) being tested.  |              |  |
| • Carpal Tunnel Syndrome G56.01, G56.02, G56.03           |         | Wear short/sleeveless shirt for upper extremity |              |  |
| • Stenosis  |         | EMG.  |              |  |
| Radiculopathy M54.10                                      |         | Wear or bring shorts for lower extremity EMG.   |              |  |
| Neuropathy G62.9  |         | Gowns are avalible.                             |              |  |
| Myasthenia Gravis G70.00                                  |         |   |              |  |
| <ul> <li>Other (Please describe with DX code):</li> </ul> |         | • FAX EMG REFERRAL TO 517-975-2934              |              |  |
|   |         |   |              |  |
|   |         |   |              |  |
|   |         |   |              |  |
|   |         |   |              |  |
| Physician Name:   |         |   |              |  |
| •   |         |   |              |  |
|   |         |   |              |  |