



EMG Laboratory/Neuromuscular Diagnostic Center
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Charles River Plaza
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MUSCLE BIOPSY REQUISTION

Referring MD _____

Phone# _____ Pager# _____

Location _____

Appointment Date & Time	Patient Identification Area	
Provisional Diagnosis		
Please check area to be biopsy _____ Biceps _____ Quadriceps _____ Physician to choose Side: _____ R _____ L		
Questions To Answers Please circle		
Is this patient currently taking any type of blood thinner?	Y	N
Does patient have a pace maker ?	Y	N
Is patient allergic to Lidocaine:?	Y	N

