

# WALBRIDGE PHYSICAL MEDICINE AND REHABILITATION, P.C.

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## ELECTRODIAGNOSTIC REQUEST FORM:

### CC:

Cervical pain with radiation to       R Upper     L Upper  
Lumbar pain with radiation to       R Lower     L Lower  
Numbness                                       R Lower     R Upper  
 Gait disturbance,

### PHYSICAL FINDINGS:

Weakness                                       R Upper     L Upper  
 R Lower     L Lower  
  
Sensory Changes                               R Upper     L Upper  
 R Lower     L Lower

Other: \_\_\_\_\_

### DIFFERENTIAL DIAGNOSIS:

- R/O Carpal Tunnel Syndrome
- R/O Entrapment at Guyon's Canal
- R/O Cubital Tunnel Syndrome
- R/O Entrapment at the fibular head
- R/O Tarsal Tunnel Syndrome
- R/O Neuropathy

### STUDIES REQUESTED:

- NCV Bilateral Upper Extremities
- NCV Bilateral Lower Extremities

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Physician