

Hawaii Pacific Neuroscience

CONSENT FOR NERVE CONDUCTION STUDY AND NEEDLE ELECTROMYOGRAPHY

I, _____, understand that I will be having a Nerve Conduction Study (NCS) and/or Needle Electromyography (EMG) study. Electrodes and sensors in conjunction with a needle will be placed into my body for the EMG. It has been explained to me that I may feel mild discomfort at the time of the EMG procedure and possibly minor bruising as a consequence of the needle electrode exam (NEE). In addition, the risks of NCS/NEE include but are not limited to bleeding, infection, nerve injury, pneumothorax and trauma to local structures or electrical injury as well as pacemaker/cardiac defibrillation dysfunction. The reasons for the procedure (s), the procedure itself and the possible risks have been explained to me by Dr. _____.

Signature (patient or guardian)

Relationship to patient if guardian

Date

Witness

Date

Referring Provider: _____