

Information to Accompany the Muscle/Nerve Biopsy

Patient's name _____ Sex: _____ Age: _____

Hospital: _____ MR # _____

Physician(s) to whom the report is to be sent (PLEASE include neurologist/rheumatologist):

Name: _____

Name: _____

Address: _____

Address: _____

Phone number _____

Phone number _____

Previous biopsy Yes _____ No _____

Muscle biopsied: _____

Clinical History: (including copies of letter of referral, hospital summaries, etc. if available)

Summary of history and physical/neurological examination: _____

Family history: _____

Medications: _____

Pertinent laboratory data: _____

Electrodiagnostic studies: _____

Clinical impression: _____

