



Please fill in all the information below

Biopsy

Patient's Particulars

NRIC No. :

Name:

Age:

Referring Institution:

Details of Referring Consultant I/C

Referring Consultant I/C: Click or tap here to enter text.

Contact Number: Click or tap here to enter text.

Details of Neurologist I/C

Neurologist I/C: Click or tap here to enter text.

Clinical Diagnosis

Clinical History

Pertinent Examination Findings

Neurodiagnostic tests (e.g. NCS, EMG)

Myositis Panel/ Other Relevant Labs (e.g. CK level)

Any other information