

Sural Nerve Conduction Study

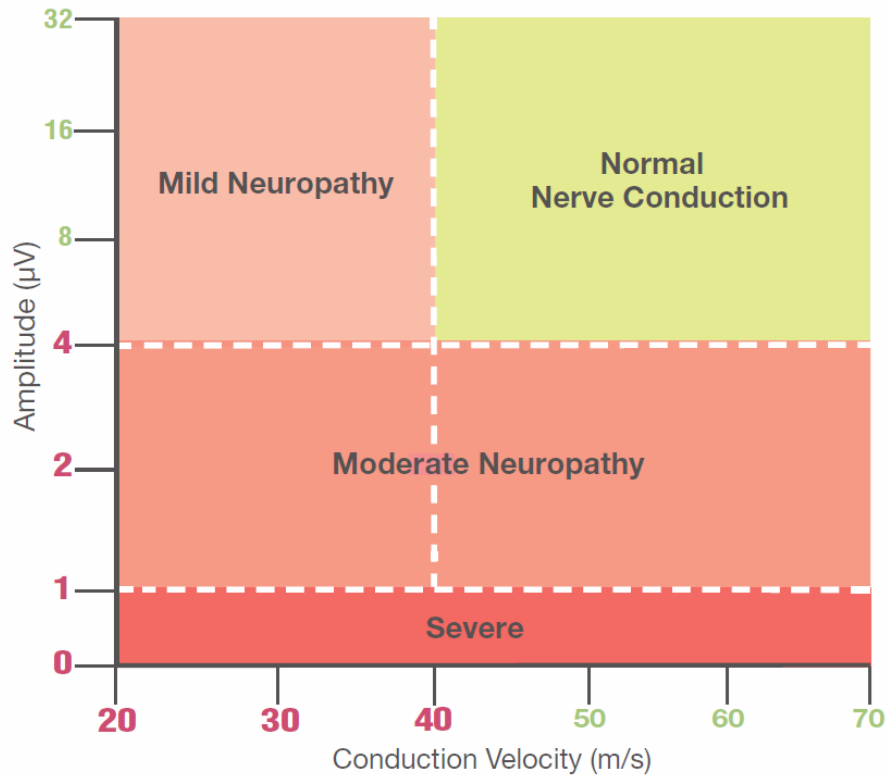
Patient Name: _____ Test Date: _____

<Patient ID/MRN:> _____ DOB: _____

Amplitude: _____

Conduction Velocity: _____

Use this guide* to plot study results:



☐ Normal

☐ Mild

☐ Moderate

☐ Severe

Notes: _____

Provider Name

Provider Signature

Date