

Form

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MUSCLE AND NERVE BIOPSY WORKSHEET (must accompany all biopsy specimens)

Patient name: _____ Age: _____ Gender: _____

MRN: _____ Date: _____

Clinical history: (including distribution of weakness and sensory loss, reflex change)

Reason for biopsy: _____

Biopsy Site(s): _____ Left: _____ Right: _____

Past Medical History (including diabetes, collagen vascular disease, metabolic disease, familial neuropathies, neoplasms and trauma):

Drug therapy (current medications or drugs) : _____

Previous biopsy: Yes _____ No _____ (if yes, when and where?): _____

CPK _____ Aldolase _____ ESR _____ ANF _____ Other _____

Staff physicians desiring copy of report: _____
