

Thank you for your Referral to Marquette General Neurology
We are located at Marquette General Hospital on the 3rd Floor Skywalk

EMG/NCS Request Form

Date of Request: ___/___/___

Referring Physician's Name: _____ NPI# _____

Referring Physician's phone # _____ Office Fax # _____

Referring Physician Signature _____

Patient First Name: _____ MI: _____ Last Name: _____

Date of Birth: ___/___/___ SS# _____ - _____ - _____

Address: _____

Phone (H): _____ (W) _____

Insurance Info: _____ Policy # _____

Please choose: **EMG Only** **EMG and Consultation**

Study to perform: Right Arm Left Arm
 Right Leg Left Leg

Symptoms: Neck Pain Low Back Pain
 Arm Pain Leg Pain
 Numbness Weakness

Suspected Condition: Radiculopathy Carpal Tunnel Syndrome
 Plexopathy Ulnar Mononeuropathy
 Polyneuropathy Myopathy
 Neuropathy Other _____

-- INTERNAL USE ONLY --
Scheduled with: _____
Appointment Date _____
Additional Info. needed: _____

Preferred Location Marquette General Neurology office Portage Hospital
 Bell Hospital

PLEASE ADVISE PATIENT NOT TO APPLY ANY LOTIONS OR PERFUMES

PLEASE FAX THIS FORM AND RECORDS TO: 906-225-4589