



Neurodiagnostics/EMG Clinic
3101 Discovery Dr. Ste 300
Lansing, MI 48910
517-975-2935 Phone
517-975-2934 Fax

Patient Name:	Phone:
DOB:	Insurance:
BCN, BCN Advantage, Medicare BCN Global Auth OR VA Prior Auth Approval Info	
Auth Approval Number:	Dates Valid:

If Worker's Comp:	
Date of Injury:	Claim #
If Auto Accident:	
Date of Injury:	Open and Billable Claim #

REFERRAL FOR EMG	
Requested Exam:	Extremity to be examined:
<input type="checkbox"/> EMG/Nerve Conduction Study <input type="checkbox"/> Single Fiber <input type="checkbox"/> Other:	<input type="checkbox"/> Right <input type="checkbox"/> Arm <input type="checkbox"/> Left <input type="checkbox"/> Leg <input type="checkbox"/> Bilateral <input type="checkbox"/> Other:
Diagnosis with ICD 10: (Please circle)	Patient Instructions:
<ul style="list-style-type: none">• Peripheral Polyneuropathy G62.9• Carpal Tunnel Syndrome G56.01, G56.02, G56.03• Stenosis• Radiculopathy M54.10• Neuropathy G62.9• Myasthenia Gravis G70.00• Other (Please describe with DX code):	<ul style="list-style-type: none">• No oil or lotion on extremity(s) being tested.• Wear short/sleeveless shirt for upper extremity EMG.• Wear or bring shorts for lower extremity EMG.• Gowns are available.• FAX EMG REFERRAL TO 517-975-2934

Office Name:	Office Fax #
Physician Name:	
Physician Signature:	Date: