

**Referring Physician:** \_\_\_\_\_

Patient Demographics	Insurance Card (Front & Back)	Relevant Medical History
<input type="checkbox"/> Included <input type="checkbox"/> To Follow	<input type="checkbox"/> Included <input type="checkbox"/> To Follow	<input type="checkbox"/> Included <input type="checkbox"/> To Follow

**Patient Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ **Alt Phone:** \_\_\_\_\_  
**Primary Language:**  English  Spanish  Other Language: \_\_\_\_\_  
**Insurance:** \_\_\_\_\_ **Policy No:** \_\_\_\_\_  
**Adjustor:** \_\_\_\_\_ **Claim/File No:** \_\_\_\_\_ **Auth No:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-9:** \_\_\_\_\_

**EMG/NCV TESTING:**  
**Incl. Nerve Conduction & Electromyography**

Upper Extremity  
 Right  Left  Bilateral  
 Lower Extremity  
 Right  Left  Bilateral  
 Facial

**Patient on Blood Thinners**  Yes  No  
 INR Level \_\_\_\_\_

Add Neurology Evaluation / Consultation  
 to test selected above

**Typical Indications for EMG/NCV:**  
 • Pain - 729.5                      • Burning - 782.0  
 • Numbness or Tingling - 782.0   • Weakness - 728.87

**VNG TESTING:**  
**Videonystagmography**

VNG

**Typical Indications for VNG:**  
 • Dizziness- 780.4  
 • Peripheral Vertigo, Unspecified- 386.10  
 • Benign Positional Vertigo- 386.11  
 • Vertigo of Central Origin- 386.2  
 • Imbalance- 719.7

**EEG TESTING:**  
**Electroencephalography**

EEG  
 Ambulatory EEG:  
 24hr  48hr  72hr  
 Video Monitoring Ambulatory EEG

**Typical Indications for EEG:**  
 • Headaches- 784.0  
 • Memory Loss- 780.93  
 • Seizures/Convulsions,  
 Non-Specific- 780.39  
 • Syncope- 780.2

Additional Medical Request: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Referral Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Referring Physician Signature:** \_\_\_\_\_

**APPOINTMENT INFORMATION:**

Monday  Tuesday  Wednesday  Thursday  Friday

Date: \_\_\_\_\_ At \_\_\_\_\_ A.M. / P.M.

Location: \_\_\_\_\_

Please Note:  
 24-Hour Notice  
 Required For  
 Cancellations

For locations and additional information, please visit:  
**www.ndxlab.com**

**Referring Physician will have results immediately upon completion**  
 Please Call If You Need Clarification Or A More Specific Exam

