

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: _____ **DOB:** _____

Phone: _____ **Alt Phone:** _____ **SSN:** _____

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
 Lower Extremity
 Facial

Typical Indications for EMG/NCV:

- Pain - 729.5
- Burning - 782.0
- Numbness or Tingling - 782.0
- Weakness - 728.87

**We will perform a bilateral test for medical comparison purposes unless the patient's condition only suggests unilateral is necessary.*

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**