EMG/NCV and Neurodiagnostic testing referral form

For scheduling:
1) Call (855)EMG-NCV1
or
2) Fax directly to
949-955-0220
or
3) E-mail to:
Referrals@pomg.net

Quality Care You Can Trust

Precision Medical Group, Inc.

Referral Source (Facility Name):_____

Referral Coordinator:_____ Date:_____

FAX and/or EMAIL (To send appt letter and report):

_____

Dr. Name: _____ Dr. Phone: _____

Patient Name:_____ Date of Birth: _____

Diagnosis(es):_____

☐ **EMG/NCV and Neurodiagnostic Testing+Consult Report**
(CPT 99201-99205, 95907-95913, 95886-95887, 99358, 95923, 95937, WC007– Codes and units TBD by testing Dr. at time of exam)

☐ **RIGHT** ☐ **LEFT** ☐ **BILATERAL** ☐ **OTHER**_____

☐ **UPPER EXTREMITY** ☐ **LOWER EXTREMITY**

(Please **CIRCLE** one)
AME • QME • PANEL QME • Work Comp • PI • PPO • Medicare • Cash

Follow-up Appointment Date:
Patient phone:
Comments:

M.D. Signature_____ **Date** _____

THANK YOU FOR YOUR REFERRALS.

MARKETER:_____

Include: 1.Demo, 2.Authorization or RFA and Report if we are submitting

Saturday appointments available!

(Form Rev. Nov 2015)