



# Precision Medical Group, Inc.

Quality Care You Can Trust

EMG/NCV & Neurodiagnostic  
testing referral form



For scheduling: you can call (855) EMG-NCV1 | Fax 949-955-0220 | Email Referrals@pomg.net

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 + Consultation and Report

(CPT 99201-99205, 95907-95913, 95886-95887, 99358, 95923, 95937, WCO07- Codes and units TBD by testing Dr. at time of exam)

RIGHT  LEFT  BILATERAL  OTHER \_\_\_\_\_

UPPER EXTREMITY  LOWER EXTREMITY

(Please CIRCLE one below)

**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!