

EMG

Nerve Conduction & Needle Electromyography

ORDER FORM

Preferred Location:

American Fork

Payson

Tooele

Please fax this form along with patient demographic and insurance information to

(801) 618-0920

Patient Name: _____ Date of Birth: _____

Diagnosis/Symptoms: _____

Ordering Physician: _____

Physician Signature: _____

Fax number to send results to: _____

Please select patient complaints from the list below:

Neck & Upper Extremities

- Neck Pain (M54.2)
- Cervical Radiculopathy (M54.12)
- Thoracic Radiculopathy (M54.14)
- Brachial Plexus Lesion (G54.0)
- Lesion of the Ulnar Nerve (G56.20)
- Carpal Tunnel Syndrome (G56.00)

- Low Back Pain (M54.5)
- Lumbar Radiculopathy (M54.16)
- Sciatica (M54.3)
- Meralgia Paresthetica (G57.10)
- Peroneal Nerve Injury (S84.10XA)
- Tarsal Tunnel Syndrome (G57.50)

Pain or Paresthesias

- Neuropathy (G60.9)
- Diabetic Neuropathy (E11.42)
- Weakness (M62.81)
- Pain in the Limbs (M79.609)
- Paresthesias (R20.2)

Other (Please Specify):
