CLOVIS COMMUNITY MEDICAL CENTER

Request of NCV/EMG Testing

Referring Physician Information

Name of contact person_____

Phone_____ Fax _____

Referring M.D. _____ **User #** _____

Patient Information

ICD9 and Diagnosis_____

Patient Name _____

Phone Number _____

Insurance _____

Authorization #_____

Coumadin ___Yes ___No
Pacemaker ___Yes ___No
Defibrillator ___Yes ___No

Test Requested

Upper Extremity	**RIGHT**	**LEFT**
CTS	_____	_____
Ulnar Neuropathy	_____	_____
Radial Neuropathy	_____	_____
Peripheral Neuropathy	_____	_____
Cervical Radiculopathy	_____	_____
Other: _____	_____	_____
Lower Extremity		
Peroneal Neuropathy	_____	_____
Peripheral Neuropathy	_____	_____
Lumbar Radiculopathy	_____	_____

Neurodiagnostics Laboratory
at Clovis Community Medical Center
2755 Herndon Ave. Clovis, CA 93611
Phone: (559) 324-4977 Fax: (559) 324-3742