AMMC Neurology Associates
4000 Linwood Dr., Ste. G
Paragould Ar, 72450

Referral Form

Incomplete and illegible forms will be returned

Phone: (870)205-2175 Fax: (870)205-2180

Circle the service requested

Consultation only Consultation with EMG/NCS

Patient Information:

Name: _____ Male_____Female_____

Address: _____

DOB (DD/MM/YYYY):_____/_____/_____ Contact phone number_____

Referring Provider:

Name: _____

Address: _____

Phone: _____ Fax: _____

Diagnosis and reason for referral (If testing needed, please put if arms or legs)

_____

_____

Please attach results of previous investigations, management, and consult & follow-up notes relevant to this referral

If applicable, please list the name and date of last assessment by a neurologist (inpatient/ER/clinic)

_____

List relevant previous or planned investigations

_____

Please attach a copy of insurance card and PA if required

OFFICE USE ONLY

Appointment scheduled for : _____

Patient notified : _____

Comments : _____

AMMC
Neurology Associates

EMG / NCS Referral Form

Please fax completed from to 870-205-2180

Patient Name

Patient Phone Number

Is the patient on blood thinners/pacemaker (circle)

Yes – Blood Thinner
Yes – Pacemaker
Yes – Both
No

Referring Physician

Name:_____

Phone #:_____

Reason for Referral / Testing:

- Burning
- Diplopia
- Dystonia
- Fasciculation
- Fatigue
- Gait Disturbance
- Myalgia
- Myotonia
- Numbness
- Pain-Back
- Pain-Limb
- Pain-Neck
- Swallowing/Speech Difficulties
- Tingling
- Tremor
- Weakness
- Reason not listed (describe below)

Provisional Diagnosis

- Brachial Plexopathy
- Carpal Tunnel Syndrome
- Cervical Radiculopathy
- Chronic Inflammatory Demyelinating Polyneuropathy(CIDP)
- Cranial Neuropathy
- Facial Neuropathy
- Femoral Neuropathy
- Guillian-Barre Syndrome (GBS)
- Hereditary Neuropathy
- Lambert Eaton
- Lumbo-Sacral Plexopathy
- Lumbo-Sacral Radiculopathy
- Median Nueropathy
- Mononeuropathy
- Motor Neuron Disease
- Myasthenia Gravis
- Myopathy
- Periodic Paralysis
- Peripheral Neuropathy
- Peroneal Neuropathy
- Radial Neuropathy
- Sciatic Neuropathy
- Tibial Neuropathy
- Ulnar Neuropathy
- Other

Referral Detail

Please attach a copy of the patient's insurance card and PA if required by insurance

CONTINUED ON NEXT PAGE

4000 Linwood Dr. Suite G Paragould, AR 72450
Phone 870.205.2175 • Fax 870.205.2180 • www.myammc.org

AMMC
Neurology Associates

EMG / NCS Referral Form continued

Patient:

Please indicate the address/fax # where you would like the EMG test results mailed or faxed

Name: _____

Address: _____

Town, State, Zip: _____

Phone: _____ Fax: _____

INSURANCE CARD COPY OR INFORMATION CAN BE ATTACHED OR PRINTED BELOW:

4000 Linwood Dr. Suite G Paragould, AR 72450
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