Plano Neurology, P.A.

4601 Old Shepard Place
Building 4, Suite 406
TEL: 972-867-3535 FAX: 972-867-3530

Geeta Rajan, MD

EMG REQUEST FORM

Patient Name:_____ Patient Phone Number:_____

Brief history and findings:_____

_____

_____

Study requested:

- ☐ Upper Limb Study R L B/L
- ☐ Lower Limb Study R L B/L
- ☐ Generalized Process Study

DX: (Circle Principle Diagnosis)

UE: Cervical Radiculopathy Carpal Tunnel Ulnar Neuropathy
Brachial Plexopathy Other:_____

LE: LS Radiculopathy LS Plexopathy Meralgia Paresthetica
Peroneal Neuropathy Other:_____

GEN: Polyneuropathy Myopathy Myasthenia
Motor Neuron Disease Other:_____

Additional Comments:_____

Check One:

- ☐ Nerve Conduction Study and EMG only
- ☐ Nerve Conduction Study and EMG with consultation

Referred by: _____

Tel No: _____

Please fax this form to Plano Neurology, PA **972-867-3530.** Thank you for your referral.