Florida EMG
EMG & Nerve Conduction Testing

1942 County Road 419, Suite 1060
Oviedo, FL 32766

Same-Day Reports

EMG / NCV REFERRAL FORM

Scheduling: (321) 475-0513

FloridaEMG.com/referral

Fax completed form to (407) 542-4790.

Email: referrals@floridaemg.com

PATIENT

Patient name

Date of birth

Referral date

Patient phone

Insurance / claim carrier / claim number (if applicable)

REQUESTED TESTING - SELECT ONE

○ **NCV + EMG** ○ **NCV only** ○ **EMG only**

Select the side separately for each region.

Upper limbs	○ Right	○ Left	○ Bilateral	○ Not requested
Lower limbs	○ Right	○ Left	○ Bilateral	○ Not requested

Clinical question / suspected diagnosis

Symptoms, onset, duration and relevant examination findings

Relevant history, prior testing and additional information

Records included: ☐ Clinical notes ☐ MRI / imaging report ☐ Prior EMG/NCS

REFERRING OFFICE

Referring clinician

Practice

Office phone

Office fax for report return

Office contact

Clinician signature

Date

If a signature is required, sign after printing or use your office-approved digital signing process.