EMG/NCS TEST REQUEST FORM

THE UNIVERSITY OF TEXAS COMPREHENSIVE NEUROMUSCULAR PROGRAM AT THE HOUSTON HEALTH SCIENCE CENTER

UT PHYSICIANS – Neurology EMG Clinic

_____First available EMG appointment
_____Dr. Parveen Athar, M.D. _____ Dr. Suur Biliciler, M.D.
_____ Dr. Thy Nguyen, M.D. _____ Dr. Holly K. Varner, M.D.
Ana M. Hess (EMG Tech) Ph. (832) 325-7573

Phone: (832) 325-7084 Fax: (713) 512-2239 0r 7146
ATTENTION: Lenah or Yuri (M.A.s)

Patient Name:_____ **DOB:**_____
IDX (MRN):_____

Referring MD:_____ **Date:**_____

PLEASE FILL OUT:

DIAGNOSIS:

IS PATIENT TAKING ANY BLOOD THINNER? _____**YES** _____ **NO**

Please Check: _____**NCS/EMG Testing Only**
_____**Neuromuscular Consultation & NCS/EMG testing**

OPTIONAL:

NCS/EMG:	**Right**	**Left**
Arm	_____	_____
Leg	_____	_____
Facial Nerve	_____	_____
SFEMG	_____	_____
Other (please specify)	_____	_____

Clinical History and Examination:

Requesting Physician Signature _____

Thank you for your Referral.