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## Referral to Bingham Nerve & Muscle for EMG/NCS Testing

### Patient Information

Patient Name <i>(First, Last)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Phone
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### Referring Provider Information

Referring Provider Name <i>(First, Last)</i>	Today's Date <i>(mm-dd-yyyy)</i>	Provider's Phone
Patient's Chief Complaint or Diagnosis		
Clinical Question to be Answered		
<b>Please Provide EMG/NCS on:</b> <input type="checkbox"/> RIGHT UPPER LIMB <input type="checkbox"/> RIGHT LOWER LIMB <input type="checkbox"/> LEFT UPPER LIMB <input type="checkbox"/> LEFT LOWER LIMB		

\* EMG/NCS should not be scheduled unless 21 days have elapsed since symptoms began; with exception of a rapidly deteriorating neurological course (e.g., GBS).

\* Testing physician may perform NCS/EMG on other limbs if medically necessary.

Referring Provider Signature
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For appointment scheduling at all locations: **Call: 800-224-1807**

EMG Appointment Location	Appointment Date <i>(mm-dd-yyyy)</i>	Appointment Time
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- Nashville, TN, 28 White Bridge Road, Suite 209
- Jackson, TN, 3035 N. Highland Avenue
- Knoxville, TN, 109 Suburban Road, Suite 101
- Cordova, TN, 8066 Walnut Run Road, Suite 101
- Southaven, MS, 7640 Clarrington Cove, Suite B
- Tupelo, MS, 634 Spicer Drive, Suite A

**Complete**

**Print**

**Sign & Fax**

**Fax: 731-664-0946**