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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						
Please Provide EMG/NCS on: <table><tr><td><input type="checkbox"/> RIGHT UPPER LIMB</td><td><input type="checkbox"/> RIGHT LOWER LIMB</td></tr><tr><td><input type="checkbox"/> LEFT UPPER LIMB</td><td><input type="checkbox"/> LEFT LOWER LIMB</td></tr></table>			<input type="checkbox"/> RIGHT UPPER LIMB	<input type="checkbox"/> RIGHT LOWER LIMB	<input type="checkbox"/> LEFT UPPER LIMB	<input type="checkbox"/> LEFT LOWER LIMB
<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

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 Clarington Cove, Suite B
- ☐ Tupelo, MS, 634 Spicer Drive, Suite A

Complete

Print

Sign & Fax

Fax: 731-664-0946