Jacksonville Orthopaedic Institute

Referring Physician Form

NERVE CONDUCTION TESTING

Electromyography (EMG) Testing ● A Nerve Conduction Study

Please fax this sheet, the patient's Face Sheet, copy of the insurance card, and the most recent office notes to 904.391.6809. If you have questions, please call 904.391.6810.

Appointment Requested: ☐ **Robert G. Savarese, DO** __ **Baptist South location**
__ **San Marco location**

☐ **David A. Doward, MD** __ **San Marco location, ONLY**

Date _____ Patient Name _____

Insurance Company _____ Policy # _____

Referring Physician Name _____

Contact _____ Phone _____ Fax _____

Clinical Diagnosis _____ Rule Out Diagnosis _____

Requested Study: ☐ Complete EMG and NCS ☐ Limited, as specified: ☐ EMG ☐ NCS ☐ With Consultation

Upper Limb: ☐ Right ☐ Left ☐ Bilateral and/or **Lower Limb**: ☐ Right ☐ Left ☐ Bilateral

Special Instructions/Precautions: