



East Tennessee  
Southwest Virginia

Tel: (423) 405-0153  
Fax: (949)-703-7615  
admin@theemglab.com  
www.theEMGlab.com

## EMG/NCV and Neuromuscular Ultrasound

Dr. Brandon D.C. Sexton, PT, DPT, ECS  
Board Certified Clinical Electrophysiologic Specialist

### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

ID: \_\_\_\_\_ Group: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

ID: \_\_\_\_\_ Group: \_\_\_\_\_

### Referral Information

Priority: Urgent ☐ Routine ☐

#### Referring Physician

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#### Clinical Question

Diagnosis(es): \_\_\_\_\_

Extremity(es): \_\_\_\_\_

#### Clinical Information (please attach previous EMG studies, consults and relevant images)

Is the patient on anticoagulation: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed forms to EMG Lab, Fax# (949) 703-7615