Oklahoma Neurology Center

1705 Renaissance Blvd, Ste. 120
Edmond, OK 73013-5853
Phone: (405) 726-9855; Fax: (405) 844-0562

Electromyography (EMG) Order Form

Patient's Information			
Patient's Name:	**Patient's Date of Birth:**	**Patient's Phone:**	**Gender:** M ☐ F ☐
Patient's Address:	**Patient's Email:**	**Insurance:**	

Additional Information Needed

☐ Fax front/back of insurance card ☐ Fax clinical/progress notes ☐ Fax labs
☐ Fax patient demographics ☐ Fax current medication list ☐ Fax Imaging Services Order Form

Clinical Information

☐ Is Patient taking Warfarin or any other blood thinner? ☐ Yes ☐ No
☐ If "Yes," which one: _____

☐ Reason for EMG: _____

☐ Location:
- ☐ Arm: Left
- ☐ Arm: Right
- ☐ Leg: Left
- ☐ Leg: Right
- ☐ Other: _____

Ordering Provider's Information	Ordering Provider's Contact Person
Provider's Name:	**Contact's Name:**
Provider's Address:	**Contact's Address:**
Provider's Phone:	**Contact's Phone:**
Provider's Fax:	**Contact's Fax:**
NPI #:	
Provider's Signature:	
Date:	

By signing this form, you are authorizing Oklahoma Neurology Center and its employees to act as your designated agent to interact with medical and prescription insurance companies for prior authorization and specialty pharmacy approval to render infusion services.