



Oklahoma Neurology Center

1705 Renaissance Blvd, Ste. 120
Edmond, OK 73013-5853
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Electromyography (EMG) Order Form

Patient's Information

Patient's Name:	Patient's Date of Birth:	Patient's Phone:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Patient's Address:	Patient's Email:	Insurance:	

Additional Information Needed

- | | | |
|---|--|--|
| <input type="checkbox"/> Fax front/back of insurance card | <input type="checkbox"/> Fax clinical/progress notes | <input type="checkbox"/> Fax labs |
| <input type="checkbox"/> Fax patient demographics | <input type="checkbox"/> Fax current medication list | <input type="checkbox"/> 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.