

***Please note our new office location for 8/2018!**



**Electrodiagnostic Consultation
Nerve Conduction Studies (NCS)
Electromyography (EMG)**

Paige C. Roy, M.D.

3500 MEMORIAL PARKWAY S.W.

Huntsville, AL 35801

Phone (256) 270-9979

www.AlabamaEMG.com

For Alabama EMG Office Use Only:

Appointment Date: _____

Appointment Time: _____

FAX REFERRAL FORM
PLEASE FAX TO (256) 270-9980

** Please include the most recent progress note and pertinent imaging results.*

(Your office will receive a fax confirmation within two working days.)

Date: _____

Patient Name: _____ DOB: _____

Insurance: Type: _____ Group _____ ID# _____

Patient Phone Numbers: (Cell) _____ (Alternate) _____

Patient Email: _____

++Patients will receive appointment reminders and new patient paperwork via text or email. ++

Diagnosis / Symptoms: _____

Requested Services:

EMG / NCS Consultation: (please specify side and extremity)

Side:

Left

Right

Bilateral

Extremity:

Arm / Hand

Leg / Foot

Referring Physician Name: _____

Referring Physician *Signature (required)*: _____

Office Contact Person: _____

Office Phone: _____ Office Fax: _____

Thank you for your referral!

Please visit www.AlabamaEMG.com to learn more & to access a downloadable version of this form.