NeuroSync DIAGNOSTICS

CONNECTING BRAIN ACTIVITY. EMPOWERING CLARITY.

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A Division of A&B Neurology

NEURODIAGNOSTIC TESTING REFERRAL

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____ Gender: ☐ M ☐ F

Phone Number: _____

Alternate Phone: _____

Address: _____

_____

Insurance: _____

Member ID: _____

REFERRING PROVIDER INFORMATION

Referring Provider: _____

Practice Name: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Date: _____

REQUESTED TEST (PLEASE CHECK ALL THAT APPLY)

- ☐ Routine EEG
- ☐ Sleep-Deprived EEG
- ☐ Ambulatory EEG – 24 Hour
- ☐ Ambulatory EEG – 48 Hour
- ☐ Ambulatory EEG – 72 Hour
- ☐ Video Ambulatory EEG
- ☐ EMG / Nerve Conduction Study (EMG/NCS)

CLINICAL DIAGNOSIS / ICD-10 CODE(S)

_____

CLINICAL INDICATIONS – EEG

- ☐ New Onset Seizure
- ☐ Epilepsy
- ☐ Breakthrough Seizure
- ☐ Loss of Consciousness
- ☐ Syncope
- ☐ Staring Spells
- ☐ Altered Mental Status
- ☐ Memory Loss
- ☐ Confusion
- ☐ Head Injury / TBI
- ☐ Abnormal Movements
- ☐ Sleep Disorder
- ☐ TIA / CVA Evaluation
- ☐ Migraine
- ☐ Other: _____

CLINICAL INDICATIONS – EMG/NCS

- ☐ Carpal Tunnel Syndrome
- ☐ Cubital Tunnel Syndrome
- ☐ Cervical Radiculopathy
- ☐ Lumbar Radiculopathy
- ☐ Peripheral Neuropathy
- ☐ Diabetic Neuropathy
- ☐ Ulnar Neuropathy
- ☐ Peroneal Neuropathy
- ☐ Plexopathy
- ☐ Myopathy
- ☐ Myasthenia Gravis
- ☐ Weakness
- ☐ Foot Drop
- ☐ Pain
- ☐ Numbness
- ☐ Tingling
- ☐ Other: _____

LATERALITY (EMG/NCS): ☐ Right ☐ Left ☐ Bilateral **BODY PART(S) / AREA(S):** _____

ADDITIONAL CLINICAL NOTES

_____

_____

_____

_____

PRIORITY

- ☐ Routine (First Available)
- ☐ Urgent (Within 48 Hours)
- ☐ STAT

PLEASE FAX THE FOLLOWING (IF AVAILABLE)

- ☐ Insurance Card
- ☐ Demographics
- ☐ Office Note / H&P
- ☐ Medication List
- ☐ Relevant Imaging Reports
- ☐ Previous EEG / EMG Reports

OFFICE PREFERENCES

- ☐ Call Referring Office with Results
- ☐ Fax Final Report
- ☐ Other: _____

REFERRING PROVIDER SIGNATURE

_____ Date: _____

Our office will contact the patient **within one business day** to **schedule testing.**

Scan to learn more about our services or submit a referral online.

- Board-Certified Neurologists
- Fast Scheduling
- Reports Within 24–48 Hours
- Routine & Ambulatory EEG
- EMG/NCS
- Video Ambulatory EEG