

**Patient name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The above patient presents with the following conditions/symptoms. This referral establishes Medical Necessity for patient to undergo the specified diagnostic testing to assist in accurate diagnosis and effective patient management.

**EMG/NCV**

- \_\_\_ Numbness in fingers
- \_\_\_ Numbness in toes
- \_\_\_ Tingling
- \_\_\_ Burning Sensation
- \_\_\_ Back Pain with Radiculopathy
- \_\_\_ Neck Pain with Radiculopathy
- \_\_\_ Muscle Weakness
- \_\_\_ Myopathy
- \_\_\_ Diabetic Neuropathy
- \_\_\_ Hypothyroidism Neuropathy
- Other: \_\_\_\_\_

**MSKUS**

- \_\_\_ Shoulder Rotator Cuff Tear
- \_\_\_ Shoulder Effusion / Tendinosis
- \_\_\_ Elbow Med. Epicondyle Tendin.
- \_\_\_ Elbow Lat. Epicondyle Tendin.
- \_\_\_ Wrist/Hand Effusion / Tendin.
- \_\_\_ Wrist/Hand Muscle / Ligmnt Tear
- \_\_\_ Knee Effusion / Tendinosis
- \_\_\_ Knee Derangement
- \_\_\_ Ankle/Foot Effusion / Tendinos
- \_\_\_ Ankle/Foot Derangement
- \_\_\_ Arthropathies
- \_\_\_ Neuromas & Ganglia
- Other: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Signature