

# EMG/NCS TEST REQUEST FORM

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON  
COMPREHENSIVE NEUROMUSCULAR PROGRAM



Neurology EMG Clinic (AANEM accredited laboratory)

Phone: (832) 325-7573

Fax: (713) 512-2239 or 7118

Email: [UTPEMGLab@uth.tmc.edu](mailto:UTPEMGLab@uth.tmc.edu)

ATTENTION: Yuri Medrano Salas or Stephanie Harvey - EMG Techs

- First Available EMG Appt
- Thy Nguyen, M.D.
- Suur Biliciler, M.D.
- Kristin Brown, M.D.
- Rajesh Gupta, M.D.

**\*\*Orders can be sent directly to us through Allscripts without having to fax this form\*\***  
Under the Orders tab search for [UTP] EMG and fill out the yellow highlighted areas.

Patient Name:		DOB:
IDX (MRN):		
Referring MD:		Date:
<b>PLEASE COMPLETE:</b>		
DIAGNOSIS:		
Is patient taking any blood thinner? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please Check: <input type="checkbox"/> NCS/EMG Testing Only		
<input type="checkbox"/> Neuromuscular Consultation & NCS/EMG Testing		
<b>OPTIONAL:</b>		
NCS/EMG:	Right	Left
Arm		
Leg		
Facial Nerve		
SFEMG		
Other (please specify):		
Clinical History and Examination:		
Requesting Physician Signature:		
<b>Thank you for your Referral.</b>		