

# ORDERING FORM / MEDICAL NECESSITY

## STEP 1 COMPLETE PATIENT INFORMATION

Patient Name:  Fax: (561) 717-7122

Pt. Address:  City:  State:  Zip:

Date of Birth:  ☐ Female ☐ Male Pt. Phone #

Primary Ins.  Ins. Phone #

ID #  SS #

Symptom Onset ☐ Sudden ☐ Gradual Duration  Accident ☐ Yes ☐ No DOA

## STEP 2 CHECK OFF APPROPRIATE DIAGNOSES

Atty. Name:  Atty. Phone #

### UPPER NERVE CONDUCTION STUDY

### LOWER NERVE CONDUCTION STUDY

- ☐ Brachial Plexopathy G54.0
- ☐ Carpal Tunnel G56.0
- ☐ Cervicalgia M54.2
- ☐ Neuropathy of Upper Limb G59.90
- ☐ Pain In Thoracic Spine M54.6

- ☐ Neuralgia M79.2
- ☐ Syncope (Fainting)
- ☐ Dizziness
- ☐ Mass Head, Neck
- ☐ Carotid Stenosis
- ☐ Rule Out \_\_\_\_\_

- ☐ Lumbago M54.5
- ☐ Lumbosacral Disc M51.37
- ☐ Neuropathy Lower Limb G57.50
- ☐ Peripheral Neuropathy G60.00
- ☐ Tarsal Tunnel Syndrome G57.50
- ☐ Sciatica M54.30

### MUSCULOSKELETAL / TRANSCRANIAL DOPPLER / CAROTID

- ☐ Cervical Spondylosis
- ☐ Cervical Pain
- ☐ Cervical Spinal Stenosis
- ☐ Thoracic Spondylosis
- ☐ Thoracic Pain
- ☐ Thoracic Spinal Stenosis
- ☐ Lumbar Spondylosis
- ☐ Arterial Embolism Upper Ext.
- ☐ Arterial Embolism Lower Ext.
- ☐ Peripheral Vascular Disease

- ☐ Lumbar Pain
- ☐ Lumbar Spinal Stenosis
- ☐ Dizziness
- ☐ Carotid Stenosis
- ☐ Headaches or Migraines
- ☐ Syncope (Fainting)
- ☐ Pain in Limb
- ☐ Arteriosclerosis
- ☐ Injury Axilla Vessel
- ☐ Apnea

- ☐ Mass Head, Neck
- ☐ Cerebral Artery Inclusion
- ☐ Vertebral Artery Syndrome
- ☐ T.I.A.
- ☐ Intervertebral Joint Displacement M51.2
- ☐ Atrial Fibrillation
- ☐ Swelling of Limb
- ☐ Unspec. Chest Pain
- ☐ Venous Insufficiency (Peripheral)
- ☐ Rule Out: \_\_\_\_\_

### SYMPTOMS

	neck	back	arm/elbow/ shoulder	hand/wrist	foot/ankle	leg/knee/ thigh
			LT RT	LT RT	LT RT	LT RT
atrophy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
coldness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
numb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
spasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
tingling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

- ☐ Abnormal muscle stretch
- ☐ Loss of muscle tone
- ☐ Muscle atrophy
- ☐ Other: \_\_\_\_\_
- ☐ Sensory Loss
- ☐ Radiating Pain
- ☐ Diabetic ☐ Alcoholic ☐ Uremic ☐ Ischemic
- ☐ Loss of muscle power
- ☐ Immune

Other Symptoms:

Based on the patient's examination, diagnosis, and history, it is my professional opinion that these tests are medically necessary for diagnosis and treatment.

Physician's Name

Physician's Signature

Date

## STEP 3 MUST BE SIGNED BY PHYSICIAN

Address:

Phone (877) 397-3130

Fax (561) 717-7122