EMG / NCS
GLEN P. IMLAY, MD
98 STATE STREET • Proctorville, OH 45669
Phone: 740-886-9370; Fax: 1-844-821-0572

Diagnosis:

____

What area is needed for EMG/NCS (Circle Below)?

Right Left Bilateral Upper Extremity Lower Extremity

Referring Physician: ______________________________ Fax #: ______________________________

Physician phone: ______________________________

If available, please fax the last office note with referral.

Patient Name: ______________________________ DOB: ______________

Social Security Number: ______________________________

Home Address: ______________________ City: ____________ State: ______ Zip Code: __________

Employer: ______________________________ Employer Phone: ______________________________

INSURANCE INFORMATION

Primary Insurance Company Name: ______________________________

Insurance Address: ______________________ City: ____________ State: ______ Zip Code: __________

Policy Number: ______________________________ Group #: ______________________________

*************************For Staff Use Only ************************************

Scheduled appointment is with Dr. Imlay is on __________ at ______a.m./p.m.