REFERRAL FORM FOR NERVE CONDUCTION STUDY, EMG or STEROID INJECTION (NON-WORK COMP) **Fax Completed form to (803) 254-2825** Circle provider, if there is a preference: **WETZEL RAWL ARMSEY (hips only)**	MIDLANDS orthopaedics & NEUROSURGERY www.midorthoneuro.com 1910 Blanding Street * Columbia, SC 29201 * (803) 256-4107

Referring Physician Information			
Name:		Practice:	
Contact Person:		NPI:	
Address:		City, State, Zip:	
Phone:	Ext:	Fax:	

Patient Information						
Name:	Address:					
SSN:	City, State, Zip:					
DOB:	Please check:		Female		Male	
Home Phone:	Work/Mobile Phone:					

Please fax a copy of the patient's insurance cards along with this request.

Insurance Information and Authorization	
Primary:	Secondary:
Phone Number:	Phone Number:
Authorization Number:	Authorization Number:

Please check the request service. These services are performed in our office setting and only require pre-certification for the professional services.

( ) Unilateral Upper Extremity 95909- x2 or more sensory (NCS) study 95886 EMG	**( ) Bilateral Upper Extremity** 95911- x4 or more sensory (NCS) study 95886x2 – EMG x2
( ) Unilateral Lower Extremity 95909-x1 sensory (NCS) study 95886 EMG	**( ) Bilateral Lower Extremity** 95911- NCS, 7-8 studies 95886x2 - EMG x2
( ) Myobloc Injections **J0587 x1-3 Myobloc Vials** 95860 EMG- Limited 64614 Injections per site A4550 Disposable Electrodes	**( ) Botox Injections** **J0585 x1-3 Botox Vials** 95860 EMG- Limited 64614 Injections per site A4550 Disposable Electrodes

Please check the request service. All SPINE injections REQUIRE FACILITY authorization.

	62311 – Lumbar Epidural Steroid Injection
	62310 – Cervical Epidural Steroid Injection
	64479 – Transforaminal (Cervical/Thoracic)
	64483 – Transforaminal (Lumbar/Sacral)
	20610 – Hip (laterality:_____) (no facility authorization needed)

Symptom or rule out: _____ ***ICD-10 (Diagnosis) Code:*** _____

***Please provide the patient with any pertinent office notes or images that may be needed to perform the requested test. ***

We will contact the patient to schedule an appointment as soon as this completed form is received documenting appropriate insurance authorization.