



Mary K. Kneiser, M.D.

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### EMG Referral Form

Area:

- Upper Extremity     Right     Left     Both
- Lower Extremity     Right     Left     Both

Specific Concerns:

- CTS
- Cervical Radiculopathy
- L-S Radiculopathy
- Other \_\_\_\_\_

Symptoms:

- Pain
- Numbness
- Weakness
- Paresthesia

Appointment:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Office     St. Clair Shores     Fenton

Patient Name: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Referring Physician Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SAME DAY REPORTS FAX TO ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**