

SOUTHFIELD CAMPUS
22401 Foster Winter Drive
Southfield, Michigan 48075
Phone (248) 423-5160
Fax (248) 423- 5165



EMG LAB

WARREN CAMPUS
11012 Thirteen Mile, Ste. 111
Warren, MI 48093
Phone (586) 558-8470
Fax (586) 558-8481

Please Print

Patient Name	Patient Phone	Date of Birth	Requested Appointment Date & Time
Requesting Physician	Physician Phone	Fax	Fax Report <input type="checkbox"/> Yes <input type="checkbox"/> No

Place an (X) or write in the examination(s) requested

Magnetic Resonance Imaging (MRI) - Procedural Requirements

Diagnosis: _____

Examination: UPPER Extremity LOWER Extremity

EMG

NVC: _____

Other: _____

Special Instructions: _____

Physician's Signature: _____ Date: _____

