



Regional Pain Treatment Medical Center Inc.

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## EMG/NCV - US Referral Form

**Nerve Conduction Studies/ Electromyography (NCS/EMG)**

- Upper Extremity      Rt    Lt
- Lower Extremity     Rt    Lt

Clinical Questions:

- R/O Radiculopathy
- R/O Focal Nerve Entrapment
- R/O Peripheral Neuropathy
- R/O Myopathy
- R/O Anterior Horn Cell Disease

*Note: Neuromuscular Junction is not currently accepted - Please refer to Neurology*

**Diagnostic Musculoskeletal Ultrasound (Dx US)**

Knee	Rt	Lt
Shoulder	Rt	Lt
Elbow	Rt	Lt
Ankle	Rt	Lt
Wrist	Rt	Lt

Other: \_\_\_\_\_

**Ultrasound Guided Injection:** Specify a Target:

\_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Office Tel# \_\_\_\_\_

*Insurance: Work Comp / PPO / Medicare / Personal Injury Lien / Cash / HMO  
(Please Fax Patient Insurance Info and Medical notes)*

LA Fax: 562-698-0013    OC Fax: 714-221-0009    eFax: 714-882-8158

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

Patient Home Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Patient Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Thank You !