



# Texas Tech Physicians

of LUBBOCK

DEPARTMENT OF NEUROLOGY

3601 4<sup>th</sup> Street, STOP 8321, ROOM 3A105 Lubbock, TX 79430

(806) 743-2391 office phone (806) 743-5687 fax

DATE: \_\_\_\_\_

## Neurophysiology Procedure Request (Test & Interpretation Only)

Please Include reports of CT Scans & MRIs, Med List, Labs, Progress Notes & a Copy of Insurance Card with this Referral Form

### PATIENT INFORMATION

PATIENT NAME: \_\_\_\_\_ PATIENT DOB: \_\_\_\_\_

MRN#: \_\_\_\_\_ PATIENT INSURANCE: \_\_\_\_\_

Please be informed that this patient is scheduled to have a diagnostic neurophysiology test at TTUHSC.  
This is not a clinic visit and it does not guarantee that this patient can be seen in the outpatient neurology clinic.

☐ MALE ☐ FEMALE

#### CHIEF COMPLAINT:

(Reason for visit) \_\_\_\_\_

#### SPECIAL NEEDS:

(Mental Disorders/Handicaps) \_\_\_\_\_

#### PATIENT HISTORY:

(HX of SZRs, Syncope,  
HA pain or Birth defects) \_\_\_\_\_

### PROCEDURE REQUEST

SOURCE: ☐ PNS ☐ TTUHSC ☐ PRIVATE

ORDERING PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

#### PROCEDURE(S) REQUESTED (Please check all that apply):

☐ NCV

☐ EMG : ☐ R ☐ L ☐ Bilateral ☐ Single Fiber ☐ Upper Extremity ☐ Lower Extremity

☐ EEG: ☐ Sleep Deprived EEG ☐ Ambulatory EEG ☐ Extended EEG

☐ 24 hrs ☐ 2 hrs  
☐ 48 hrs ☐ 4 hrs  
☐ 72 hrs ☐ 6 hrs

☐ Visual EP

☐ Autonomic Neuropathy Testing

(Autonomic testing includes sudomotor, parasympathetic and sympathetic adrenergic function tests)

### NEUROLOGY CLINICAL OFFICE USE ONLY

Scheduled by: \_\_\_\_\_ Med Rec #: \_\_\_\_\_

Scheduled Date: \_\_\_\_\_ Time: \_\_\_\_\_ Physician: \_\_\_\_\_

Date	Time	Follow-Up Activity	Result
_____	_____	_____	_____

☐ Referral Complete ☐ Provider contacted ☐ Patient contacted ☐ Appt added to GE Initials: \_\_\_\_\_