



# ELECTROMYOGRAPHY (EMG) Referral Form



## Michael DeMarco, DO

910 Frederick Road Catonsville, MD, 21228

10710 Charter Drive, Suite 300, Columbia, MD 21044

6300 Georgetown Blvd, Suite 139, Eldersburg, MD 21784

11810 West Market Place, Fulton, MD 20759

410-644-1880 ● [mdbonedocs.com](http://mdbonedocs.com)

**Patient Name: \***

First Name

Last Name

**Patient Date of Birth: \***

Month

Day

Year

**Patient Cell Phone Number: \***

Please enter a valid phone number.

**Pertinent PMHx:**

Numbness/Tingling

Pain

Weakness/Fatigue

**Extremity affected:**

Arm

Leg

Other

**Side:**

- Right
- Left
- Bilateral

**Please note:** All patients will be tested for peripheral nerve entrapments, cervical and lumbar radiculopathy, and polyneuropathy.

**Comments:**

**Date of Submission: \***

--	--	--

Month   Day   Year

