



Dayton Center for Neurological Disorders

# EMG Referral Form

Fax to: 937-439-6189

First Available Appointment

**Dayton Center for Neurological Disorders**  
1975 Miamisburg-Centerville Rd.  
Centerville, OH 45459  
(On the Southview campus)

**Beavercreek Health Center**  
2510 Commons Blvd., Suite 276  
Beavercreek, OH 45431  
(East Entrance)

**Troy Office**  
700 S. Stanfield Ave., Suite. B  
Troy, OH 45373

**Mercy Crest Building**  
30 W. McCreight Ave., Suite103  
Springfield, OH 45504

**Preble County Medical Center**  
450 Washington-Jackson Rd., Suite 111  
Eaton, OH 45320

**Vandalia Medical Imaging**  
113 W. National Rd.  
Vandalia, OH 45377

Patient Name: \_\_\_\_\_ D.O.B \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_ Insurance ID: \_\_\_\_\_

Does the patient need an interpreter? NO YES If yes, what type of service? \_\_\_\_\_

Referring Provider Name: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Diagnosis/reason for test: \_\_\_\_\_

Extremity: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Please include a copy of the following:

- Patient's insurance card
- Current medication list
- List of any allergies
- Any imaging