Brady Neuroscience Clinic

New Patient Referral from for EMG / Nerve Conduction Study

5555 Grossmont Center Dr, La Mesa, CA 91942

Tel: (619)740-3200 | Fax: (619)740-4797

Patient Name:_____ DOB:_____ Phone: _____

Ref. MD: _____Phone: _____Fax: _____

Insurance: _____Member ID: _____ICD-10: _____

REASON FOR REFERRAL:

UPPER EXTREMITY:

☐ **LEFT** ☐ **RIGHT** ☐ **BILATERAL**

☐ Carpal Tunnel – *Median n. at wrist* ☐ Ulnar Neurop – *at Elbow (cubital)* ☐ Guyon – *Ulnar at wrist*

☐ Brachial Plexus ☐ Cervical Radiculopathy

☐ Other Diagnosis/Symptoms _____

LOWER EXTREMITY

☐ **LEFT** ☐ **RIGHT** ☐ **BILATERAL**

☐ Lumbosac Radic ☐ Peroneal N. ☐ Peripheral Polyneuropathy

☐ Other Diagnosis/Symptoms _____

Authorization # _____

Please fax the following:

- ☐ Copy of patient insurance card and valid ID
- ☐ H&P / Office notes
- ☐ Signed physician order for evaluation and treatment
- ☐ Relevant Imaging (MRI Spine)

AUTHORIZATION REQUIREMENTS

Please obtain **Outpatient Hospital** authorization for CPT codes **99205**, **99212-99215, 95910, 95911, 95885-95887** for **Alexis Clay MD** (NPI: 1821558396) at treatment facility/address, **Sharp Grossmont Hospital, 5555 Grossmont Center Dr, La Mesa, CA 91942** (NPI:1528041811)

Thank you for your referral!

For questions regarding this referral, please call our staff at (619) 740-3200