APT DIAGNOSTICS

APT Diagnostics
2310 W I-20 Ste 204
Arlington, Tx 76017
817-466-7276

Referral for Diagnostic Testing

Patient Name:_____ DOB:_____

Patient Phone #:_____ Date of Referral:_____

The above patient presents with the following conditions/symptoms. This referral establishes Medical Necessity for the patient to undergo the Specified diagnostic testing to assist in an accurate diagnosis and effective patient management.

EMG/NCS

___Numbness in fingers
___Tingling
___Back Pain
___Radiating Pain
___Diabetes Neuropathy
___Numbness in toes
___Burning Sensation
___Neck Pain
___Muscle Weakness
___Hypothyroidism Neuropathy

Comments:_____
_____
_____.

MUSCULOSKELETAL ULTRASOUND

___Shoulder Pain
___Wrist/hand Pain
___Ankle/Foot Pain
___Tendinopathies
___Neuromas & Ganglia
___Elbow Pain
___Knee Pain
___Arthropathies
___Joint Effusion
___Nerve Entrapments

Comments:_____
_____
_____.

Physician Name:_____ Office #:_____

Physician Signature:_____ Date:_____