



REFERRAL FORM

EMG/NCS, Ultrasound Guided Injections, PRP, & Stem Cell injection
Joseph P. Mulka, M.D., Ph.D., Diplomate, ABPMR

Electromyography and Nerve Conduction Studies

- Carpal Tunnel Syndrome
- Peripheral Neuropathy
- Cervical Radiculopathy
- Lumbar Radiculopathy
- Cubital Tunnel Syndrome
- Other: _____

Extremities Requested *(Please mark up to four (4) extremities)*

- Right Upper Extremity
- Left Upper Extremity
- Right Lower Extremity
- Left Lower Extremity

Follow-Up Requested

- Referral to appropriate surgeon as indicated by test results
- Results only sent back to referring physician

Ultrasound Guided Injections *(all joints and bursa)*

- Intra-articular hip
- Glenohumeral joint
- Knee joint steroid
- Knee joint viscosupplementation
- Wrist Joint
- Other: _____

Platelet Rich Plasma (PRP) Injections *(self-pay service)*

- Rotator Cuff Tendon
- Shoulder Joint
- Elbow Joint
- Lateral Epicondylitis
- Quadriceps Tendon
- Hamstring Tendon
- Knee Joint
- Patellar Tendon
- Hip Joint

Appointment Scheduling

To schedule an appointment, complete the following information and include the patient's **Summary of Care** and **copy of insurance card** via fax to (402) 488-3324.

- Patient will call to schedule
- Dr. Mulka's office to call patient to schedule

Patient Name: _____ Date of Birth: _____ Patient Phone: _____

Ordering Physician: _____ Physician Signature: _____

Office contact person: _____ Office Phone: _____ ext. _____

Workers' Compensation? Yes No

If questions, call: 402 - 436 - 2000, Jane at ext. 4002, Britney at ext. 4016