



## 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

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### Ultrasound Guided Injections *(all joints and bursa)*

- ☐ Intra-articular hip ☐ Glenohumeral joint ☐ Knee joint steroid  
☐ Knee joint viscosupplementation ☐ Wrist Joint ☐ Other: \_\_\_\_\_

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### 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

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### 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, Chantell at ext. 4002