Physician Order

From _____
(please print)

I am referring the following patient _____

Patient's DOB _____ Patient's Phone _____

_____

For: *(Please check all that apply)*

- ☐ Diagnostic hearing evaluation to determine hearing loss and/or site of lesion
- ☐ Evaluation and treatment of dizziness/vertigo/imbalance
- ☐ Evaluation and treatment of middle ear pathology
- ☐ Evaluation and treatment of tinnitus
- ☐ Rule out retrocochlear pathology
- ☐ Other _____

_____

_____

Physician Signature _____ **Date** _____
(required)

Physician Address _____

_____

NPI# _____ Phone _____ Fax _____