



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 _____