

Audiology & Hearing Health PLLC

3942A East Tremont Avenue
Bronx, NY 10465

Phone: 718-676-9955
Fax: 718-676-7322
audiologyhh@gmail.com

Patient Referral Form

Patient name: _____

Patient complaints/symptoms:

Conduct the following procedures and/or services:

- ___ COMPLETE AUDIOLOGICAL EVALUATION
 - ___ ADULT ___ PEDIATRIC
- ___ TYMPANOMETRY
- ___ OTOACOUSTIC EMISSIONS (OAE)
- ___ HEARING AID EVALUATION
- ___ CERUMEN MANAGEMENT
- ___ SWIMPLUGS/HEARING PROTECTION/MUSICIANS PLUGS
- ___ ASSISTIVE LISTENING DEVICES
- ___ OTHER: _____

DIAGNOSIS CODE: _____

**There are no medical contraindications for the fitting of amplification.*

Doctor's Signature:

Doctor's Name/NPI: _____

Phone Number: _____ Date: __/__/__