

Patient Information																	
Last Name	First Name	Middle Initial	DOB	Gender (circle)  Male / Female													
Address / City / State / ZIP																	
Parent(s) Name		Cell Phone		Alternate Phone													
Reason for Referral																	
<input type="radio"/> Failed hearing screening <input type="radio"/> Did not pass newborn screen <input type="radio"/> Expressive language disorder <input type="radio"/> Speech articulation disorder <input type="radio"/> Genetic disorder/syndrome <input type="radio"/> Did not have newborn hearing screen <input type="radio"/> Mixed receptive-expressive language disorder <input type="radio"/> Monitor known hearing loss <input type="radio"/> Otitis media <input type="radio"/> Other: _____																	
Diagnosis																	
Please specify patient's diagnosis:																	
Provider Information																	
Referring Provider		Contact Person		Office Fax Number													
Procedure(s) Ordered																	
<input type="radio"/> <b>Diagnostic Audiologic Evaluation</b> <i>Note: If not specified in the order received, the audiologist will decide the <u>most appropriate</u> test battery based on the reason for referral, care history, and test results obtained. This may include behavioral, acoustic immittance, otoacoustic emissions (OAE), and/or auditory brainstem response (ABR) evaluation. Audiology CPT Codes (92550-92588)</i>																	
<input type="radio"/> <b>Auditory Brainstem Response (ABR) Evaluation</b> <i>Note: Acoustic immittance, OAE, and behavioral testing may also be performed to fully and accurately evaluate this patient's hearing status, as determined appropriate by the audiologist. Audiologist may elect to not perform ABR evaluation if hearing loss is ruled out with behavioral/OAE tests.</i>																	
<i>*Birth Hospital/Location if patient referred due to failed or missed newborn hearing screening: _____</i>																	
<input type="radio"/> Other – Indicate specific procedure(s): _____																	
Referral Locations and Contact Numbers (please fax this order to the desired location)																	
<table style="width:100%; border: none;"> <tr> <td style="width: 25%; padding: 5px; vertical-align: top;"> <input type="radio"/> <b>Medical Center</b>            Fax: 832-825-8940            Phone: 832-822-3249         </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> <input type="radio"/> <b>West Campus</b>            Fax: 832-825-9289            Phone: 832-227-1030         </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> <input type="radio"/> <b>The Woodlands Campus</b>            Fax: 936-267-7917            Phone: 936-267-7350         </td> <td style="width: 25%; padding: 5px; vertical-align: top;"> <input type="radio"/> <b>Bellaire Specialty Care</b>            Fax: 832-825-9591            Phone: 713-839-0164         </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <input type="radio"/> <b>Clear Lake Specialty Care</b>            Fax: 281-282-1990            Phone: 281-282-1900         </td> <td style="padding: 5px; vertical-align: top;"> <input type="radio"/> <b>Cy Fair Specialty Care</b>            Fax: 281-477-9898            Phone: 281-469-4688         </td> <td style="padding: 5px; vertical-align: top;"> <input type="radio"/> <b>Eagle Springs (Humble) Specialty Care</b>            Fax: 281-852-2033            Phone: 281-666-5006         </td> <td style="padding: 5px; vertical-align: top;"> <input type="radio"/> <b>Sugar Land Specialty Care</b>            Fax: 281-494-7807            Phone: 832-828-1800         </td> </tr> <tr> <td colspan="5" style="padding: 5px; vertical-align: top;"> <input type="radio"/> <b>TCH at Texas Hearing Institute</b>            Fax: 832-825-8940            Phone: 281-661-4858         </td> </tr> </table>					<input type="radio"/> <b>Medical Center</b> Fax: 832-825-8940 Phone: 832-822-3249	<input type="radio"/> <b>West Campus</b> Fax: 832-825-9289 Phone: 832-227-1030	<input type="radio"/> <b>The Woodlands Campus</b> Fax: 936-267-7917 Phone: 936-267-7350	<input type="radio"/> <b>Bellaire Specialty Care</b> Fax: 832-825-9591 Phone: 713-839-0164	<input type="radio"/> <b>Clear Lake Specialty Care</b> Fax: 281-282-1990 Phone: 281-282-1900	<input type="radio"/> <b>Cy Fair Specialty Care</b> Fax: 281-477-9898 Phone: 281-469-4688	<input type="radio"/> <b>Eagle Springs (Humble) Specialty Care</b> Fax: 281-852-2033 Phone: 281-666-5006	<input type="radio"/> <b>Sugar Land Specialty Care</b> Fax: 281-494-7807 Phone: 832-828-1800	<input type="radio"/> <b>TCH at Texas Hearing Institute</b> Fax: 832-825-8940 Phone: 281-661-4858				
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<p style="color: red; margin: 0;"><b>Physician Signature:</b></p> <p>_____</p> <p><b>Date:</b></p> <p>_____</p>
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