



Patient Information

Form with fields: Last Name, First Name, Middle Initial, Date of Birth, Gender (circle) M F, Street Address, City, State, Zip Code, Parent(s) Name, Cell Phone, Alternate Phone

Reason for Referral

Form with fields: Failed hearing screening, Speech delay, Did not pass newborn screen, Did not have newborn hearing screen, Genetic disorder/syndrome, Otitis media, Monitor known hearing loss, Other:

Diagnosis

Please specify patient's diagnosis :

Provider Information

Form with fields: Referring Provider, Contact Person, Contact Number, Fax Number

Procedure(s) Ordered

Diagnostic Audiologic Evaluation
Note: If not specified in the order received, the audiologist will decide the most appropriate test battery based on reason for referral, case 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)
Auditory Brainstem Response (ABR) Evaluation (patient 5 months of age or younger)
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.
Auditory Brainstem Response (ABR) Evaluation (patient over 5 months of age)
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.
Other - Indicate specific procedure(s):
Referral Locations and Contact Numbers
Main Campus, West Campus, Clear Lake Health Center, Sugar Land Health Center, Cy Fair Health Center, The Woodlands Campus, Eagle Springs (Humble) Specialty Care, Bellaire Specialty Care

Physician Signature:
Date: