

Audiology Referral

Patient: _____

Phone: _____ Date of Birth: _____

The above patient is referred for audiological testing based on the following diagnosis(es):

- ___ Failed Hearing Screening (Z01.110)
- ___ Expressive Language Disorder (F80.1)

- ___ Sensorineural Hearing Loss (H90.3)
- ___ Conductive Hearing Loss (H90.0)
- ___ Mixed Hearing Loss (H90.6)
- ___ Noise Induced Hearing Loss (H83.3X3)
- ___ Sudden Hearing Loss (H91.20)
- ___ Presbycusis (H91.13)

- ___ Tinnitus (H93.13)
- ___ Dizziness/Imbalance (R42)
- ___ Impacted Cerumen (H61.20)

- ___ External Otitis (H60.399)
- ___ Acute Otitis Media (H65.00)
- ___ Chronic Serous Otitis Media (H65.07)
- ___ Eustachian Tube Dysfunction (H68.019)
- ___ Perforated Eardrum (H72.00)
- ___ Otosclerosis (H80.90)
- ___ Meniere's Disease (H81.09)
- ___ Other Diagnosis: _____

To schedule your appointment call:

830-792-4060 Kerrville

830-997-5006 Fredericksburg

Appointment Date: _____

Appointment Time: _____

Comprehensive Hearing Evaluations
Professionally Fit Hearing Devices
Hearing Conservation Services
Custom Swim Plugs
Hearing Protection Devices

Clinical Audiologists

Ann E. Barsch, MS
Eric M. Hicks, AuD
Jeffrey G. Sirianni, AuD

Medical Clearance: The patient referred above has been medically examined and is cleared for the use of hearing device(s), where appropriate. ___ Yes
___ No

Physician: _____ NPI: _____

Signature: _____ Date: _____

Hill Country Audiology Service
703 Hill Country Drive, #102
Kerrville, TX 78028
830-792-4060
Fax 830-792-5288

Ann Barsch Audiology
510 S. Adams
Fredericksburg, TX 78624
830-997-5006
Fax 830-990-0209

Please fax referral to selected office and instruct patient to call to schedule their appointment. 2017.06.23