

Referral for Audiological Services

Physician Name and Address:

Woodard Hearing Centers

Patient Name _____

- Hearing Evaluation including Immittance
- Hearing Aid Evaluation
- Ototoxicity Monitoring [meds] _____
- Auditory Brainstem Response (ABR) [retrocochlear] [thresholds]
- Videonystagmography (VNG)
- Dizziness
- Tinnitus
- Tymps Only

Diagnosis Code: _____

There are no medical contraindications to the fitting of amplification.

Dr. _____ UPIN # _____
(Signature)



Amplify Your Life.
Woodard Hearing Centers

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(515) 276-6122
(515) 255-1701 FAX
WoodardHearing.com

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