ADVANCED AUDIOLOGY

AUDIOLOGY PRESCRIPTION

Patient Name:_____ DOB:_____

Telephone:(___)_____Guardian Name (if patient is a minor):_____

Address: _____

Primary Insurance (include contract/policy #):_____

Secondary Insurance (include contract/policy #):_____

_____ Evaluate and treat - mark diagnosis listed below:

Diagnosis list for external and middle ear concerns:

_____CHRONIC SEROUS OTITIS MEDIA

_____ACUTE SEROUS OTITIS MEDIA

_____TYMPANOSCLEROSIS, COMBINED TYPE

_____OTOGENIC PAIN (ear pain)

_____EUSTACHIAN TUBE DYSFUNCTION NEC

_____CENTRAL PERF TYMPANIC MEMBRANE

_____OTORRHEA NOS (ear drainage)

Diagnosis list for types of hearing loss and speech concerns:

_____SUDDEN HEARING LOSS NOS

_____SENSORINEURAL HEARING LOSS,COMB TYPE

_____HYPERACUSIS

_____CONDUCTIVE HEARING LOSS,COMB TYPE

_____SUBJECTIVE TINNITUS

_____SPEECH DELAY, DEVELOP ARTIC DELAY

Physician Signature:_____ Date:_____

Printed Physician Name:_____