

PHYSICIANS HEARING SERVICES

Central California Ear Nose and Throat

1351 E. Spruce, Suite #130, Fresno, CA 93720

PHONE: (559)432-5973 FAX: (559)432-0615



SPECIAL TESTING / REFERRAL REQUEST FORM

Patient Name: _____ D.O.B. _____

Primary Insurance: _____ Authorization# _____

Secondary Insurance: _____ Authorization# _____

Check the box(es) next to the test(s) you are requesting and Fax Form to (559) 432-0615

*** Patient's Ear Canals Must Be Un-occluded Prior To Recommending Special Tests**

Videonystagmography (VNG)

Includes a series of subtests which analyzes function within the vestibular system.

Dix-Hallpike / Epley Maneuvers

Analyzes and/or treats Benign Paroxysmal Positional Vertigo (BPPV).

Auditory Brainstem Response (ABR)

Calculates the time in milliseconds that it takes for sound to travel along the auditory pathway evaluating the integrity of cochlear nerve.

Otoacoustic Emissions (OAE)

Determines the integrity of cochlear outer hair cells.

Comprehensive Audiogram

Includes Pure Tone & Speech Audiometry and Tympanometry. A diagnostic evaluation that determines the nature and degree of hearing loss.

Hearing Aid Consultation

Education and discussion of hearing loss and current technology treatment options with appropriate recommendation of hearing instruments.

* **Current audiometric testing required at time of visit.**

* **Requires physician medical clearance to proceed with fitting instruments.**

Aural Rehabilitation

Education that will improve listening and communication skills.

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Physician Requesting Services: _____

Physician's Phone Number: _____

Date Requested: _____

Date Received: _____