



Otorhinolaryngology- Head & Neck Surgery



713-486-5000 (voice)

713-383-1410 (fax)

www.ut-ent.org

UTHEALTH AUDIOLOGY REQUEST FORM

Instructions: Please provide all available information and then fax the form back to us at 713-383-1410.

Name		DOB	Date
Other contact/parent		UTP IDX#	MH MRN
Telephone H	W	M	
Insurance company (primary)			
ID#	Group #	Telephone	Fax
Insurance company (secondary)			
ID#	Group #	Telephone	Fax
Procedure(s) Requested			
<input type="checkbox"/> Vertigo/Dizziness Evaluation (Videonystagmography [VNG]) <input type="checkbox"/> Diagnostic Hearing Evaluation <input type="checkbox"/> Digital Hearing Aid Evaluation <input type="checkbox"/> Cochlear Implant Candidacy and/or BAHA Evaluation <input type="checkbox"/> Treatment for Vertigo/Dizziness(Epley Maneuver) <input type="checkbox"/> Auditory Brainstem Responses (ABR) <input type="checkbox"/> Sedated Auditory Brainstem Response (ABR) <input type="checkbox"/> Electrocochleography (EcoG) for Endolymphatic Hydrops <input type="checkbox"/> Tinnitus Evaluation & Management <input type="checkbox"/> Electroneurography for Facial nerve monitoring <input type="checkbox"/> Newborn hearing screening failure			
Patient History			
Requesting Physician			
Name		Date	
Address			
Street		City	State Zip
Telephone		Fax	