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| MS_2c_vert+below REV 2.png | **Otorhinolaryngology- Head & Neck Surgery** | MHH TexasMed 4C_LG copy.jpg |
| **713-486-5000 (voice)** | **713-383-1410 (fax)** | [**www.ut-ent.org**](http://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*** Vertigo/Dizziness Evaluation (Videonystagmography [VNG])
* Diagnostic Hearing Evaluation
* Digital Hearing Aid Evaluation
* Cochlear Implant Candidacy and/or BAHA Evaluation
* Treatment for Vertigo/Dizziness(Epley Maneuver)
* Auditory Brainstem Responses (ABR)
* Sedated Auditory Brainstem Response (ABR)
* Electrocochleography (EcoG) for Endolympatic Hydrops
* Tinnitus Evaluation & Management
* Electroneurography for Facial nerve monitoring
* Newborn hearing screening failure
 |
| **Patient History** |
| **Requesting Physician** |
| Name |  |  | Date |  |
| **Address** |  |  |  |  |  |
| Street | City |  | State | Zip |
| **Telephone** | **Fax** |