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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.

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| --- | --- | --- | --- | --- | --- |
| **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** | | | |