



Audiology Request for Services

Fax this form and progress notes demonstrating medical necessity to: (206) 320-1960

This visit is (mark one):

- Routine / Next available
- Medically urgent (If urgent, please have referring provider or R.N. call the office at 206-215-HEAR.)
- Check here if the patient is also being referred to Swedish Otolaryngology and our clinics will attempt to coordinate visits.

Patient Information:

Last Name:		First Name:		Middle Initial:
Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female	MRN:	
Phone:		Insurance		
<input type="checkbox"/> Interpreter Needed	Language:			

Order Information:

<input type="checkbox"/> Audiogram/ Hearing evaluation	
<input type="checkbox"/> VEMP (vestibular evoked myogenic potential) – Balance Center	
<input type="checkbox"/> Cochlear Implant evaluation	
<input type="checkbox"/> Osseo-integrated device evaluation	
<input type="checkbox"/> Other (please specify):	
ICD-10:	Reason for referral:
<input type="checkbox"/> Previous Audiogram available (include copies with this referral if applicable)	

Report Information:

<input type="checkbox"/> Fax Results to:				
<input type="checkbox"/> Mail Results to:	Street Address	City	State	ZIP
Referring Physician (please print):				
Referring Physician Signature & NPI:				

Swedish Audiology Services | Ballard | Cherry Hill | First Hill | Issaquah
Phone | (206) 215-HEAR (4327) Fax | (206) 320-1960