dell children's
medical center of central texas
A member of the Seton Family of Hospitals

Phone: 512-324-9999 ext. 86349 **Fax: 512-406-6521**

DELL CHILDREN'S MEDICAL CENTER / AUDIOLOGY

Please have the patient's parent/guardian contact our office for an appointment.

***** This section MUST be completed *****

Requesting:

- ☐ **Basic Audio** — Children over the age of 1
- ☐ **Newborn Hearing Screen** — If **never** tested at birth & **no** NICU stay
- ☐ **Non-sedated ABR** — 0 – 3 months of age **only**
- ☐ **Sedated ABR** — w/other procedure?:_____

FROM: _____

PHONE: _____ **APPT. DATE/TIME**: _____
FOR DELL CHILDREN'S OFFICE USE

FAX: _____

Full Name of Referring Physician: _____ (must be) M.D. or D.O.

Diagnosis/Reason for Referral (Check ALL that apply):

- ☐ Decreased hearing
- ☐ Unilateral/asymmetric loss
- ☐ Sudden hearing loss
- ☐ Vertigo/dizziness
- ☐ Otitis/inflammation of ear
- ☐ TM perforation
- ☐ Discharge from ear
- ☐ Ear Pain
- ☐ Speech delay
- ☐ Tinnitus
- ☐ Adverse affects of medication
- ☐ Other _____

Patient name: _____ **Date of birth** __ __ / __ __ / __ __

Contact Name: _____ PH#: _____

Current Address: _____

Primary Insurance: _____ ID#: _____

Secondary Insurance: _____ ID#: _____

☐ **REQUIRES AUTHORIZATION** *Auth#:* _____ (authorization must be obtained prior to DOS)

☐ **DOES NOT REQUIRE AUTHORIZATION**

IMPORTANT–

YES	NO	
☐	☐	Was patient born premature? How many weeks gestation? _____
☐	☐	Does patient currently have or have history of CMV (Cytomegalovirus)?
☐	☐	Is patient currently on insulin for diabetes?
☐	☐	Does patient have history of respiratory (airway) disorders? _____
☐	☐	Does patient have a trach tube or apnea monitor? (Pulmonologist's Name)
☐	☐	Does patient use an oxygen tank?
☐	☐	Does patient have history of cardiac disorders? _____
☐	☐	Does patient have a Vagal Nerve Stimulator (VNS device)? (Cardiologist's Name)
☐	☐	Does patient have any craniofacial abnormalities?
☐	☐	Does patient have Down Syndrome?

✘ _____ ***Date:*** _____ ***Time:*** _____

Physician Signature, Date & Time Stamp Required