



Physician Referral Form-Audiologic Services

Phone (408) 354-1312 Fax (408) 354-2118
Email: info@losgatosaudiology.com

Patient Name: _____

DOB: _____ Date of Referral: _____

Patient Phone #: _____

Reason for referral:

_____ Comprehensive Hearing Evaluation (includes audiogram and tympanometry)

Additional tests:

_____ DPOAE _____ Acoustic Reflex

_____ Ototoxicity monitoring

_____ Tinnitus Evaluation

_____ Custom Molds (swim / musician / hearing protection / sleep)

_____ Hearing Aid Evaluation

_____ Other: _____

Physician's Name: _____

Physician address: _____

Physician Phone #: _____ Physician Fax # _____

There are no medical contraindications to the fitting of amplification.

Dr. _____ NPI#: _____
signature

Providing comprehensive hearing aid and audiology service to the Community since 1972.

Los Gatos Community Audiology and Hearing Aid Center

15899 Los Gatos-Almaden Rd. Suite 8, Los Gatos, CA 95032

(On the corner of Los Gatos-Almaden Road and National Ave).

www.LosGatosAudiology.com