

**PLEASE COMPLETE THIS REFERRAL FORM AND FAX IT WITH  
A COPY OF PATIENT INSURANCE CARD OR INFO TO #(480)656-6316**



**AFA**  
BALANCE & HEARING INSTITUTE  
A.T. STILL UNIVERSITY CENTER OF EXCELLENCE

THE AFA BALANCE & HEARING INSTITUTE  
A.T. STILL UNIVERSITY OF HEALTH SCIENCES

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**PATIENT INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Primary Insurance \_\_\_\_\_  
ID # \_\_\_\_\_

**REFERRING PHYSICIAN INFORMATION**

Physician \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Contact / Referral Person \_\_\_\_\_

Thank you for your referral !

**HEARING TESTING & TREATMENT**

- Audiologic Evaluation (Adult)
- Audiologic Evaluation (Child)
- High Frequency Audiologic Evaluation  
(Ototoxicity / Chemotherapy Monitoring)
- Audiologic Tinnitus Evaluation
- Auditory Brainstem Response (ABR/BAER)
- Newborn Hearing Screening (BAER)
- Otoacoustic Emissions (OAE)
- Central Auditory Processing (APD) Testing
- Hearing Aid or ALD Consultation
- Hearing Protection, Swim Molds, Musician Plugs, Other

**BALANCE / DIZZINESS TESTING & TREATMENT**

- Evaluate and/or Treat (Comprehensive Assessment)
- Nystagmography (ENG / VNG)
- Positional testing and calorics only
- Electrocochleography (ECochG)
- Vestibular Evoked Myogenic Potential (VEMP)
- Posturography (SOP, EQT / CDP)
- Rotary Chair
- Canalith Repositioning Treatment (Epley) for BPPV

Diagnosis: \_\_\_\_\_

Notes: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ DATE: \_\_\_\_\_