

PLEASE COMPLETE THIS REFERRAL FORM AND FAX IT WITH
A COPY OF PATIENT INSURANCE CARD OR INFO TO #(623)806-8685



**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)
- 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
- Video Head Impulse (vHIT)

- Electrocochleography (ECoChG)
- Vestibular Evoked Myogenic Potential (VEMP)
- Posturography (SOP, MCT)
- Rotary Chair

- Canalith Repositioning Treatment (Epley) for BPPV

Diagnosis: _____

Notes: _____

Physician Signature: _____ DATE: _____