

H 'S the FAX

...life never sounded so good!

TO:	FROM (Referral Coordinator if applicable):	DATE:
<p>DESERT SOUNDS Audiology & Hearing Aid Services 6124 E. BROWN, 102 Mesa, AZ 85205 480-497-3285 fax: 480-833-2513 E-mail: gabrielle@desertsounds.net</p>		

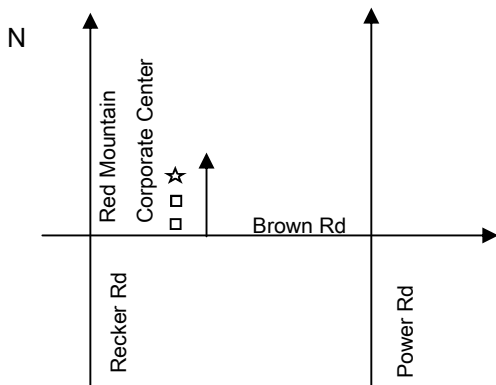


The “Heart of Hearing”
for your patients

Dr. Gabrielle Sadowsky, AuD, CCC-A
Audiologist

Dr. Kara Headington, AuD
Audiologist

Courtney Hendershot, BS
Audiology Assistant



- Contact Patient for appointment**
- Obtain Authorization**

Referring Physician: _____

Address: _____

Phone: _____

Our patient, _____,
Name Phone

(DOB: _____) has requested a referral to

your office for the following checked services:

- Complete Audiological Evaluation**
(Hearing loss, tinnitus, balance, physical, eustachian tube dysfunction, progressive hearing loss, ear infection, sudden hearing loss, speech and language delay, confusion, ototoxicity)
- Vestibular (ENG/VNG) Assessment**
(Vertigo, Balance, Dizziness, or BPPV)
- Tinnitus Evaluation**
(Ringing/buzzing in the ears; cutting edge treatment for severe tinnitus)
- ABR Assessment**
(Infants, tinnitus, asymmetrical hearing loss, sudden hearing loss, malingering, part of VNG protocol)

Physician Signature