

This referral slip may be filled out online and then printed.

Madison Audiology Associates

160 East 89th Street, New York, New York 10128 (212) 722-8100
70 Glen Cove Road, Roslyn Heights, New York 11577 (516) 625-1400

REFERRAL OF PATIENT

Introducing

Presenting Complaint(s)

Please Perform The Following Procedure(s) and/or Services:

Complete Audiological Examination (CAE). Basic diagnostic hearing examination including pure tone air - and bone-conduction, speech audiometry, and immittance testing.

Hearing aid evaluation and fitting (No medical contraindications).

Videonystagmography (VNG) or electronystagmography (ENG).

Brainstem auditory evoked responses (BAER).

Vestibular Evoked Myogenic Potentials (VEMP)

Electrocochleography (ECochG).

Otoacoustic Emissions (OAE)

Screening Posturography (mCTSIB Protocol)

Other Unlisted Service

Preparation for VNG/ENG. Please stop all medication related to dizziness or imbalance about 24 hours prior to the test. **Do not stop** any other medication(s) that you take. It is suggested that one should not eat starting about 4 hours prior to the examination. Any questions, please call.

Signed _____ M.D. Date:

