

Physician's Orders

Audiology Consultation for Medicare

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB: \_\_\_\_\_

The above mentioned patient has a medical necessity for an audiological and immittance evaluation due to the following reason(s):

\_\_\_\_\_ Suspicion of hearing loss

\_\_\_\_\_ Suspicion of change in hearing

\_\_\_\_\_ Presence of tinnitus (ringing in ears)

\_\_\_\_\_ Presence of vertigo (dizziness)

\_\_\_\_\_ Other: \_\_\_\_\_

Based on Audiology specialty designation, CMS (Center for Medicare Services) requires a physician's signed order for Evaluation and Treatment for each patient. Please authorize below for the above named patient so that diagnosis and treatment is conducted in a timely manner. Please keep a copy of this form in the patient's chart.

If you have any questions or pertinent patient information, please feel free to state it. List any significant medical history, current medical finding, precautions, and contraindications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Printed Name \_\_\_\_\_

NPI \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_