

NEW HAMPSHIRE HEARING AND BALANCE

655 Portsmouth Avenue
Greenland, NH 03840
603.436.4655 phone
603.436.4660 fax
Sally W. Fodero, Au.D.

PHYSICIAN ORDERS

Patient: _____ Phone: _____ Work: _____

Referring Physician: (please print) _____

Please evaluate for:

- Vertigo Dysequilibrium Hearing Loss
- Positional Vertigo Motion Sensitivity Tinnitus
- Other: _____

Based on our 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 we may expedite diagnosis and treatment. You will receive a written report of findings and recommendations and/or treatment outcomes.

Physician's Notes:

Significant Medical History: _____

Precautions/Contraindications: _____

Physician's Signature: _____ Date: _____

****Please circle desired service below.****

AUDIOLOGY

Audiogram
Middle Ear Studies
Otoacoustic Emissions
Hearing Aid Fittings

ELECTROPHYSIOLOGY

Auditory Brainstem Response
Electrocochleography
Electronystagmography

VESTIBULAR EVAL AND TREATMENT

Canalith Repositioning
Vestibular Rehab Therapy
Physical Therapy:

1-2x/wk x 4wks. or _____ visits/month

Please Note

Prior to their appointment, patients will receive by mail, confirmation and directions.