



www.LiveBetterHearing.com

(888) 432-7505

Patient Name: _____

DOB: _____ Date of Referral: _____

Physician's Name: _____

Physician NPI: _____

Physician's address: _____

Reason for referral:

Hearing Evaluation/Consultation

Vestibular Evaluation

Tinnitus Evaluation

Custom molds (swim/musician/hearing protection)

Assistive listening device

Ototoxicity monitoring

Hearing Aids

Rotary Chair (available in select locations)

Auditory Brainstem response

Auditory Processing (available in select locations)