

Audiology Services Referral Form

Step 1: Please call St. Camillus Audiology Services at 315-703-0678 to make the referral and set an appointment.

Step 2: Print this form. Complete the following information and return this form to St. Camillus Audiology Services - fax # 315-703-0831.

Patient's Name _____ SS# _____

Referring Physician _____

Patient's Phone # _____ D.O.B. _____

Please check the services you would like us to provide.

Hearing Evaluations (Adults)

- Basic Audiology Evaluation
- Tympanometry
- Acoustic Reflex

Hearing Evaluation (Children > 3)

- Pure-tone air and bone
- or conditioning play
- or visual reinforcement

audiometry

- Select picture

Otoacoustic Emission (OAE) Assessment

Additional Services, please specify _____

Hearing Aid Evaluation

- Tympanometry
- Monaural/Binaural Eval
- Acoustic Reflex
- Electro-acoustic analysis
- And/or real ear measurement

Site of lesion

- Basic Evaluation
- Tympanometry
- Reflex & reflex decay

Central Auditory Testing

- Filtered Speech
- SSI
- SSW

Physician's Signature

Date _____