



# HEARBRIGHT

HEARING WITH CARE

## Referral for Audiological Services

Patient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Insurance Name and ID: \_\_\_\_\_

- Hearing Evaluation including Immittance**
- Hearing Aid Evaluation**
- Ototoxicity Monitoring [meds] \_\_\_\_\_**
- Auditory Brainstem Response (ABR) [retrocochlear][thresholds]**
- Tympanogram Only**

Tinnitus H93.13  Dizziness R42  Otitis Media H65.00  Vertigo H81.49

Sensorineural Hearing Loss H90.3  Sudden Hearing Loss H91.23

Diagnosis Code: \_\_\_\_\_

There are no medical contraindications to the fitting of amplification:

Dr. \_\_\_\_\_ NPI: \_\_\_\_\_

***Physician Name, Address, Phone Number and Fax Number:***

### Rose Garden Clinic

2081 Forest Ave.

Suite 4

San Jose, CA 95128

tel (408) 358-5123

fax (408) 358-5193



### San Jose Clinic

200 Jose Figueres Ave.

Suite 280

San Jose, CA 95116

tel (408) 937-8900

fax (408) 937-8902



**PROVIDING DIAGNOSTIC HEARING TESTS AND HEARING AIDS TO MEDICAL COMMUNITIES.  
WE ARE IN CONTRACT WITH ALL MAJOR INSURANCE PLANS.**

- HEARING EVALUATIONS ● HEARING AIDS HEARING AID WORKSHOPS
- TINNITUS EVALUATIONS ● HEARING LOSS EDUCATION ● OTOTOXICITY MONITORING