



AUDIOLOGY PRESCRIPTION

Patient Name: _____ DOB: _____

Telephone: (____) _____ Guardian Name (if patient is a minor): _____

Primary Insurance (include contract/policy #): _____

Secondary Insurance (include contract/policy #): _____

_____ Evaluate and treat - mark diagnosis listed below:

Diagnosis list for external and middle ear concerns:

- | | |
|---|---|
| _____ ACUTE INFECTION OF PINNA (380.11) | _____ CHRONIC INF OTITIS EXTERNA (380.16) |
| _____ CHRONIC SEROUS OTITIS MEDIA (381.19) | _____ EUSTACHIAN TUBE DYSFUNCTION NEC (381.89) |
| _____ ACUTE SEROUS OTITIS MEDIA (381.01) | _____ DISORDERS OF MASTOID (383.89) |
| _____ CENTRAL PERF TYMPANIC MEMBRANE (384.21) | _____ TYMPANOSCLEROSIS, COMBINED TYPE (385.09) |
| _____ DISLOCATON EAR OSSICLE (385.23) | _____ CHOLESTEATOMA OF MID EAR/MASTOID (385.33) |
| _____ OTORRHEA NOS (ear drainage)(388.60) | _____ OTOGENIC PAIN (ear pain) (388.71) |

Diagnosis list for inner ear/nerve concerns:

- | | |
|--|--|
| _____ MENIERE'S DIS COCHLVESTIB (386.01) | _____ BENIGN PARXYSMAL POST VERTIGO (386.11) |
| _____ COCHLEAR OTOSCLEROSIS (387.2) | _____ PRESBYACUSIS (388.01) |
| _____ SUBJECTIVE TINNITUS (388.31) | _____ ACOUSTIC NERVE DISORDER/LESION (388.5) |

Diagnosis list for types of hearing loss and speech concerns:

- | | |
|---|--|
| _____ SUDDEN HEARING LOSS NOS (388.2) | _____ CONDUCTIVE HEARING LOSS, COMB TYPE(389.08) |
| _____ SENSORINEURAL HEARING LOSS, COMB TYPE(389.18) | _____ SENSORY HEARING LOSS (389.11) |
| _____ NEURAL HEARING LOSS (389.12) | _____ CENTRAL HEARING LOSS (389.14) |
| _____ NOISE-INDUCED HEARING LOSS (388.12) | _____ HYPERACUSIS (388.42) |
| _____ SPEECH DELAY, DEVELOP ARTIC DELAY (315.39) | _____ IMPAIRMENT OF AUDITORY DISCRIMINATION (388.43) |

Physician Signature: _____ Date: _____

Printed Physician Name: _____