Distil HEARING

Referral for a hearing evaluation

Fax to (435) 319-7213
Questions: (435) 359-1559

PATIENT

Patient name

Date of birth

Phone

Best time to call

Preferred language, or someone we should call instead

REASON FOR REFERRAL

- [ ] Patient or family reports difficulty hearing
- [ ] Did not pass an in-office hearing screening
- [ ] Tinnitus
- [ ] Cognitive concern; hearing may be a factor
- [ ] Has hearing aids that are not helping
- [ ] Hearing check for an annual wellness visit
- [ ] Diabetes
- [ ] Cardiovascular or vascular disease
- [ ] Other:

Anything we should know (relevant history, medications, what you would like answered)

REFERRING PROVIDER

Provider name

Practice

Office phone

Fax number for our report

Date

Provider signature

What happens after you send this

1. We call your patient within one business day to schedule.
2. Your patient receives a comprehensive hearing evaluation, at no cost to them.
3. You receive a written report by fax within two business days of the evaluation.

Sudden hearing loss, or hearing loss with ear pain, drainage or dizziness, belongs with an ENT first. If we find any of these at the evaluation, we refer on and let you know the same day.