

Referral for hearing

HEALTH SERVICES

Date: _____

REFERRAL FOR:

- Free Hearing Screening* (optional)
- Diagnostic hearing evaluations
- Hearing instrument evaluation
- New hearing aid fitting and dispensing
- Hearing aid reprogramming
- Tinnitus evaluation
- Custom Ear Plugs: Swim Noise Musician

Medical clearance for hearing aids:

Diagnosis _____

- BPPV assessment and management (positional vertigo)
- Real Ear Measurement verification
- Other: *(please specify)* _____

PATIENT INFORMATION

Patient Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

Phone: (h) _____ (w) _____

Referring Physician (please print) _____

Physician Phone: _____ Fax: _____

Physician Signature: _____

NPI: _____

**Hearing screening is not a medical exam.
Must be 18 years or older.*

How to refer a patient to

NOW HEAR THIS®

- 1 Call Now Hear This® at 919.256.2898 and ask to speak the Patient Care Coordinator, who will schedule an appointment for your patient. The Patient Care Coordinator will confirm all appointments with the patient.
- 2 Fax this referral form to 919.573.0889 with the physician's recommendations/testing requirements completed.
- 3 Advise the clinic Patient Care Coordinator which insurance or health plan the patient has so that he/she can be billed appropriately. This guarantees that any discounts applicable under existing contracts are applied.
- 4 Physicians will receive the results of the requested test within 48 hours. Please advise our clinicians if there are specific conditions or directions for the patient's ongoing treatment and care.
- 5 Please supply the patient with the Now Hear This® Staff Bio Card which contains a map to our clinic. Maps can also be mailed or faxed directly to the patient upon request.

*Dedicated to life-changing
hearing healthcare.*



CONTACT

phone | 919.256.2898 fax | 919.573.0889

4701 Creedmoor Road | Suite 111 | Raleigh, NC 27612

www.NowHearThisClinic.com