

REQUEST FOR PATIENT REFERRAL



Advance Hearing and Balance Center
المركز المتطور للسمع والتوازن

PATIENT INFORMATION

NAME (FIRST, LAST)	DATE OF BIRTH (DD/MM/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
CONTACT NUMBER		
REFERRING PHYSICIAN'S NAME	PHONE NUMBER	

APPOINTMENT REQUEST (PLEASE ATTACH ALL RELEVANT RESULTS, REPORTS AND MEDICATIONS LISTS)

AUDIOLOGICAL ASSESSMENT	BALANCE ASSESSMENT
<input type="checkbox"/> Audiometry (CHILDREN/ADULTS/AIDED)	<input type="checkbox"/> Positional testing with VNG
<input type="checkbox"/> Tympanometry	<input type="checkbox"/> TRV Chair (positional testing and management)
<input type="checkbox"/> Acoustic Reflex Thresholds/reflex Decay	<input type="checkbox"/> Video Head Impulse Test (Lateral/RALP/LARP)
<input type="checkbox"/> Auditory Brainstem Response (ABR)	<input type="checkbox"/> Caloric testing (air/water)
<input type="checkbox"/> Otoacoustic Emissions Testing (OAE)	<input type="checkbox"/> Videonystamography/Occulography
<input type="checkbox"/> Auditory Steady State Response (ASSR)	<input type="checkbox"/> Vestibular Evoked Myogenic Potential (VEMP)
<input type="checkbox"/> Speech Audiometry	<input type="checkbox"/> Electrocochleography (ECochG)
<input type="checkbox"/> Eustachian Tube Function Test	<input type="checkbox"/> Computerized Dynamic Posturography
<input type="checkbox"/> Auditory Processing Assessment	<input type="checkbox"/> Computerized Static Posturography
<input type="checkbox"/> Hearing Aid Assessment And Fitting	<input type="checkbox"/> Computerized Posturography as part of Rehabilitation
<input type="checkbox"/> Tinnitus Assessment	<input type="checkbox"/> Vestibular Rehabilitation Therapy (VRT)
<input type="checkbox"/> Visual Reinforcement Audiometry	
<input type="checkbox"/> Special Tests For Retro Cochlear Pathology	OTHERS
	<input type="checkbox"/> Ear impression
	<input type="checkbox"/> Swim Plug
	<input type="checkbox"/> Noise Plug
	<input type="checkbox"/> Hearing Aid fitting

REASON FOR REFERRAL

SIGNATURE OF PHYSICIAN

DATE OF REFERRAL

Advance Hearing and Balance Center
Wafi Shopping Mall, Shop: 105/106/107/108 Level 1
Dubai, UAE Phone: 04 3422422