

**Forsyth Rehabilitation Center Audiology Services
Patient Referral & Prescription Form**

3333 Silas Creek Parkway Winston Salem, NC 27103 336-718-5780 (ph) 336-718-9272 (fax)

Patient Name: _____ Date of Birth: _____

Diagnosis: _____ ICD9 Codes: _____

Audiology Hearing Evaluation (includes all appropriate components listed below unless specified)

- Diagnostic Testing
- Evaluate for Amplification (including hearing aids)
- Establish baseline and follow up hearing function in conjunction with medical treatment that may impact hearing acuity.
- _____

Physician Signature: _____ (No stamps please) Physician Name : _____ (Print): _____

Date: _____ Time: _____ Office Phone: () - _____

***Please fax this form to (336) 718-9272 and include a medication list and any recent office notes. For any questions or to speak directly with an audiologist, please call us at (336) 718-1642.**

Thank you for this referral!

How Does the Evaluation Process Work?

1. A patient identified with possible hearing loss is referred to Forsyth Rehabilitation Center Audiology department for evaluation.
2. A battery of tests precisely evaluates the extent of hearing loss and the need for a hearing device. Patients may require two evaluation sessions.
3. If hearing loss is confirmed, the options for successful treatment are discussed with the patient.
4. If a hearing aid is recommended, the audiologist and patient determine the best device for the patient and the audiologist orders the device.
5. A follow-up appointment is scheduled to fit the hearing aid. At this appointment, special fitting software is used to program the device for the individual patient's needs.
6. Further follow-up appointments are scheduled to fine-tune the programming.