



DALLAS EAR INSTITUTE

DALLAS
FRISCO
972-566-7600 office
972-566-6560 fax

Date: _____

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Phone: (H) _____ (C) _____ (W) _____

REFERRING DOCTOR INFORMATION

Referring Doctor: _____ Phone: _____

APPOINTMENT INFORMATION

Appointment: Date: _____ Time: _____

☐ Referral for Medical Consultation

Physician: _____

Diagnosis/Special Instructions: _____

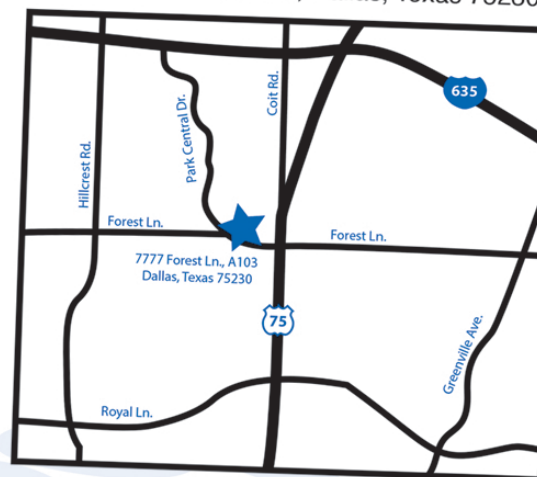
☐ Referral for Audiology Testing/Treatment

- ☐ Hearing Aid Evaluation
- ☐ Cochlear Implant Evaluation
- ☐ Implantable Hearing Device Evaluation
- ☐ Bone Anchored Hearing Implant Evaluation
- ☐ Audiogram
- ☐ VNG
- ☐ ECOG
- ☐ VEMP
- ☐ ABR
- ☐ Sedated ABR
- ☐ OAE

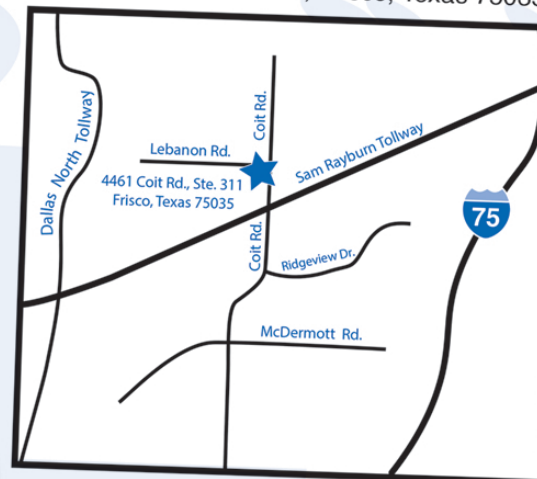
Diagnosis/Special Instructions: _____

www.dallasear.com

Inside Medical City Dallas Hospital
7777 Forest Ln., A103, Dallas, Texas 75230



Inside Baylor Centennial Medical Pavilion II
4461 Coit Rd., Ste. 311, Frisco, Texas 75035



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