

Vanderbilt Bill Wilkerson Center

Provider Order Form: Adult Audiology

Patient's Name:	MRN:	DOB:	Age (yrs):
Parent(s)/Guardian(s) Name(s)	Spoken Language At Home:		
Patient's Address:			
Patient/Family Contact (Home):	Cell:	Work:	
Primary Insurance Company:	ID #:	Contact #:	
Secondary Insurance Company:	ID #:	Contact #:	

Electronic orders are another option through **Vanderbilt Health Connect (VHC)**. VHC allows for record review and electronic order request. Register now at <https://vanderbilthealth.com/main/54271>.

If the patient is experiencing ear pain, pressure, or drainage, OR there is concern for falling, consider an **Ambulatory Referral to Otolaryngology (Ear, Nose, Throat & Voice)** and fax to 615-936-8929 or call 615-322-6180 for scheduling.

SERVICES REQUESTED:

- Comprehensive Hearing Evaluation** - Routine test battery based on age/developmental abilities
 What is the primary concern?:
 - Hearing loss
 - Tinnitus
 - Hearing Aid Adjustment
 Does the patient wear hearing aids?
 - Yes
 - No
- Hearing Aid Selection** - Scheduled on same day as Comprehensive Hearing Evaluation
- Bone Anchored Implant Evaluation** – Need a hearing evaluation within 1 year. If needed, also order Comprehensive Hearing Evaluation
- Tinnitus Evaluation** – tinnitus which has impact on concentration, sleep, quality of life. Includes hearing evaluation and consult on the management of bothersome tinnitus
- Vestibular Function Test (VFT)** – Comprehensive test battery includes: Videonystagmography (VNG), Sinusoidal Harmonic Acceleration (SHA), Video Head Impulse Test (vHIT), and Vestibular Evoked Myogenic Potentials (VEMPs)
- Integrated Falls Risk Assessment:** VFT with Audiology, plus Postural & Gait Assessments with Physical Therapy

Cochlear Implant (CI) Candidacy Evaluation – Do not use this form. Instead, fax patient demographics, a copy of insurance card, as well as the most recent hearing test to our CI Coordinator: **Phone: 615-875-1038 FAX: 615-936-7374**.

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|---|---|
| <input type="radio"/> H90.0 Conductive Hearing Loss, bilateral | <input type="radio"/> H81.10 Benign Paroxysmal Positional Vertigo (BPPV), Unspecified Ear |
| <input type="radio"/> H90.2 Conductive Hearing Loss, unspecified | <input type="radio"/> H81.11 Benign Paroxysmal Positional Vertigo (BPPV), Right Ear |
| <input type="radio"/> H90.3 Sensorineural Hearing Loss, bilateral | <input type="radio"/> H81.12 Benign Paroxysmal Positional Vertigo (BPPV), Left Ear |
| <input type="radio"/> H90.5 Sensorineural Hearing Loss, unspecified | <input type="radio"/> H81.13 Benign Paroxysmal Positional Vertigo (BPPV), Bilateral |
| <input type="radio"/> H90.6 Mixed Hearing Loss, bilateral | <input type="radio"/> H81.391 Peripheral Vertigo, Right Ear |
| <input type="radio"/> H90.8 Mixed Hearing Loss, unspecified | <input type="radio"/> H81.392 Peripheral Vertigo, Left Ear |
| <input type="radio"/> R26.81 Unsteadiness on Feet | <input type="radio"/> H81.393 Peripheral Vertigo, Bilateral |
| <input type="radio"/> R29.6 Repeated Falls | <input type="radio"/> H81.399 Peripheral Vertigo, Unspecified Ear |
| <input type="radio"/> Z91.81 History of Falling | <input type="radio"/> H81.4 Vertigo of Central Origin |
| <input type="radio"/> Other: _____ | <input type="radio"/> R42 Dizziness and Giddiness |

Provider's Signature: _____	Date: _____
Provider's Name (print): _____	Phone Number: _____
	Fax Number: _____

Fax this completed form to 615-936-5088