



# Optimal Hearing®

The Hearing Technology Company

Hearing Tests and Hearing Aids  
Since 1961

## MEDICAL REFERRAL FORM

Office (912) 352-8530

Fax (912) 352-1423

### Name

\_\_\_\_\_  
*First*

\_\_\_\_\_  
*Last*

### Date of Birth

\_\_\_\_\_

### SSN

\_\_\_\_\_

### Address

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*Address Line 2*

### City

### State

### Zip Code

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Email

\_\_\_\_\_

### Phone

\_\_\_\_\_

### Most Convenient Location

- |                                                 |                                               |
|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Buckhead - Atlanta, GA | <input type="checkbox"/> Statesboro, GA       |
| <input type="checkbox"/> Dunwoody - Atlanta, GA | <input type="checkbox"/> Tucker, GA           |
| <input type="checkbox"/> Cartersville, GA       | <input type="checkbox"/> Vidalia, GA          |
| <input type="checkbox"/> Columbus, GA           | <input type="checkbox"/> Watkinsville, GA     |
| <input type="checkbox"/> Conyers, GA            | <input type="checkbox"/> Woodstock, GA        |
| <input type="checkbox"/> Cumming, GA            | <input type="checkbox"/> Bluffton, SC         |
| <input type="checkbox"/> LaGrange, GA           | <input type="checkbox"/> Charleston, SC       |
| <input type="checkbox"/> Lawrenceville, GA      | <input type="checkbox"/> Hilton Head Isle, SC |
| <input type="checkbox"/> Loganville, GA         | <input type="checkbox"/> Summerville, SC      |
| <input type="checkbox"/> Marietta, GA           | <input type="checkbox"/> Varnville, SC        |
| <input type="checkbox"/> Roswell, GA            | <input type="checkbox"/> Walterboro, SC       |
| <input type="checkbox"/> Savannah, GA           |                                               |

**Preferred Day of the Week**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Morning or Afternoon?**

- Morning
- Afternoon

**Primary Insurance**

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**Policy #**

**Group #**

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**Secondary Insurance**

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**Policy #**

**Group #**

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**Working Diagnosis**

- 380.4 Cerumen Impaction
- 389.9 Hearing Loss NOS
- 389.0 Conductive Hearing Loss
- 389.2 Mixed Hearing Loss
- 389.18 Sensorineural Hearing Loss
- 388.30 Tinnitus

**Requested Services**

- Audiological Evaluation
- Tinnitus Assessment
- Hearing Rehabilitation (Insurance may not cover - contact office for fees, may include hearing aid selection, counseling and training, aural rehabilitation and assistive listening devices.)

**Referring Physician**

Physician Name

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Contact Person

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UPIN and NPI

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Referral # (if necessary)

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Phone

Fax

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