



Optimal Hearing®

The Hearing Technology Company

Hearing Tests and Hearing Aids
Since 1961

MEDICAL REFERRAL FORM

Office (912) 352-8530

Fax (888) 965-6992

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

Policy #

Group #

Secondary Insurance

Policy #

Group #

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

Contact Person

UPIN and NPI

Referral # (if necessary)

Phone

Fax
