5530 Wisconsin Ave, Suite 104
Chevy Chase, MD 20815
P: (301) 907-0002 • F: (301) 907-7709
chevychase@livebetterhearing.com

Consultation Request

Patient's Name: ______________________________

DOB: ____________________ Referral Date: ________________

Physician Name: ______________________________

Physician Address: ______________________________

Phone: ____________________ Fax: ____________________

NPI: ______________________________

Reason for Consultation:

- ☐ Hearing Evaluation/Consultation
- ☐ Hearing Aids
- ☐ Vestibular Evaluation
- ☐ Ototoxicity Monitoring
- ☐ Tinnitus Evaluation
- ☐ Assistive Listening Devices
- ☐ Custom Molds (Swim/Musician/Hearing Protection)
- ☐ Auditory Brainstem Response

Physician Signature: ______________________________

Additional Notes: