

OUTPATIENT LOCATION MEDICAL CENTER PAVILION RBG

MEDICAL DIAGNOSIS/PROBLEM: _____

LANGUAGE: ENGLISH SPANISH ONLY OTHER: _____
 TRANSLATOR OR INTERPRETER REQUESTED
IMPAIRMENTS: VISUALLY IMPAIRED HEARING IMPAIRED OTHER:

PRECAUTIONS:
 MEDICAL PRECAUTIONS: SEIZURES SKIN CONDITIONS
 CARDIAC (60<HR<120, SBP<200, DBP<100) STABLE ON BLOOD PRESSURE MEDICATIONS
 OTHER PRECAUTIONS: _____
 PEDIATRIC TEAM

AUDIOLOGY SERVICES REQUIRED:

- Audiologic Evaluation
- Hearing Aid Evaluation
- Audiology Brain Stem Response (ABR)
- ABR with Sedation
- Videonystagmography (VNG)/Rotational Chair
- Electrocochleography (ECOG)
- Posturography
- Otoacoustic Emissions (OAE)
- Cochlear Implant Mapping
- Auditory Processing
- Other (describe below)

SPECIAL INSTRUCTIONS:

REQUESTING PHYSICIAN (PRINT) _____ DATE _____ TIME _____
SIGNATURE _____ ID# _____
PHONE: _____ FAX: _____