



Referral Orders

- Physician Consult**
 - Hearing/Balance Center
 - Balance/Dizzy Consult
 - Meniere's Consult
 - Tinnitus Consult
 - Sleep Disorder Consult
 - Voice Disorder Consult
 - BAHA Consult
 - Cochlear Consult
 - Ear Infection
 - Sinus Infection
 - Other: _____

- Audiology Consult Only**
- Balance/Dizzy Testing**
- Epley Maneuver/CRP**
- Hearing Test/
Tympanogram Only**
- Hearing Aid Evaluation**
- Hearing Aid Check**
- Failed School Screen**
- Newborn Hearing Screen**
- Support Group**
(Tinnitus and Meniere's Disease)

Please fax orders to (612) 339-9741

Patient Name _____

Patient Phone _____

Date _____

Diagnosis _____

Referring Physician _____

Street Address _____

City _____ **State** _____ **Zip** _____

Referral Coordinator Name _____

Email Address _____

Otolaryngologists

- Michael M. Paparella, MD
- Mike Puricelli, MD
- Joshua Yorgason, MD

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