



Date: _____

Patient Name: _____

Patient Phone: _____

Diagnosis: _____

- Bilateral Sensorineural Hearing Loss. H90.3
- Bilateral Mixed Hearing Loss. H90.6
- Right Sensorineural Hearing Loss/unrestricted hearing left ear H90.41
- Left Sensorineural Hearing Loss/unrestricted hearing right ear H90.42

Evaluation/Programming/Therapy Requested

- Cochlear Implant Audiology Evaluation
- Cochlear Implant Programming
- Audiogram
- Tympanogram
- Speech Evaluation
- Speech Therapy Adult
- Speech Therapy Child
- Group Speech Therapy

Ordering Physician Name: _____

Signature: _____

Cochlear Implant Center at Westchester Medical Center

"HEAR" In The Hudson Valley

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