

Legacy Good Samaritan Vestibular & Audiology Services Quick-Pick 1040 NW 22nd Ave., Suite 460, Portland, Oregon 97210 Phone 503-413-8154 Fax 503-413-694-

Fax 503-413-6944

Patient name:		DOB:
		Phone #:
Is an interpreter needed?	Language:	·
Referred by:		Phone #:
Physician's Signature:		Date:
Reason for testing/ICD-10:		
Insurance/ ID/ Group (Please include Demographics):		
Check (☑) the appropriate box(es) for individual test selection: (please send chart notes with referral)		
□ Audiogram: □ Tympanometry: □ Acoustic Reflex Studies: □ ABR (Auditory Brainstem Response): □ VEMP (Vestibular Evoked Myogenie): □ Otoacoustic Emissions: □ Tinnitus Evaluation: □ Computerized Dynamic Posturograp: □ Rotary Chair Studies: (includes sing and subjective visual vertical) □ Pressure/Valsalva VNG Test: □ VNG/Hallpike: (via infrared video go	e Potential test): hy: e sine rotations, step test, full-field OPK ggles (VNG) or with EOG electrodes (E	NG) if necessary).
OD about (77) the appropriate benefits account to the		
OR, check (☑) the appropriate box for group tests:		
☐ Audiological/Vestibular Evaluation: . (Comprehensive series of tests)	Audiogram, Tympanometry, Tympan Pressure/Valsalva VNG test if TP+), Dynamic Posturography, VEMP, Rot VNG/Hallpike.	ABR, ECOG, Computerized
Vestibular/Balance only:		
☐ Positional Vertigo (BPPV) suspected:VNG/Hallpike		
☐ Hearing loss: Audiogram, Tympanometry.		
☐ Tinnitus EvaluationAudiogram, Tympanometry, Tinnitus Evaluation.		
Office use only: Appointment date:	Confirmation Packet I	Mailed/E-mailed/Fax'd:

Return Patient? Yes / ? / No MD Signature Rece'd w/ date? Yes /No Patient CALLED / Returned CALL/ or WE called to schedule on: