

ELKS HEARING & BALANCE CENTER

PRESCRIPTION FOR SERVICES

Date Sent: _____

To Fax # _____

Hearing Services

- Hearing Evaluation
- Hearing Aid(s) if indicated
- ABR (Auditory Brainstem Response)
 - Sedated
 - Non-Sedated
- ENG (Video/ Electronystagmography)
- Cochlear Implant Evaluation
- Central Auditory Processing Evaluation and Treatment
- Speech/ Language Evaluation and Treatment
- Other _____

Balance Services

Indicated for Vertigo, Dizziness, and BPPV

- Comprehensive Vestibular Evaluation
(Hearing Evaluation, ENG Computerized
Dynamic Posturography, PT Evaluation and
Treatment as appropriate)

Indicated for Balance Disorders and Gait Instability

- PT Balance/ Vestibular Evaluation and Treatment
- Other _____

Patient's Name: _____ DOB: _____ Phone: _____

Healthy Connection Referral #, if applicable: _____

ICD-9: _____

Diagnosis: _____

Rx: _____

Physician Signature: _____ Date: _____

Physician Name (Printed): _____

Boise	Eagle	Meridian	Nampa	Ontario
510 N. 2nd Street Ste. 201	3101 E State St. Ste. 2108	520 S. Eagle Road Ste. 1225	172 2nd Street South	1182 SW 4th Avenue
Boise ID 83702	Eagle, ID 83616	Meridian ID 83642	Nampa ID 83651	Ontario OR 97914
208.489.4999	208.489.4975	208.489.5999	208.489.5950	541.881.0970
fax. 489.4075	fax. 489.4089	fax. 888.2496	fax. 461.5623	fax. 541.881.0971