

PHYSICIAN ORDER FOR AUDIOLOGIC ASSESSMENT

Provider Name: _____ Date of Service: _____

Tests (check):

- Comprehensive Audiological Evaluation
- Immittance with Acoustic Reflex
- Otoacoustic Emissions
- Electronystagmography
- Auditory Brainstem Evoked Response
- Auditory Steady-State Response (ASSR)
- Ecog
- VEMPs
- Site-of-lesion Evaluation. Specify:

- Cochlear Implant Assessment/Programming
- Hearing Aid Evaluation
- Hearing Aid Fitting
- Other: _____

The patient has been medically evaluated, and:
 Is a candidate for a hearing aid fitting
 Is not a candidate for a hearing aid fitting
 A medical contraindication exists in the right ear / left ear

Diagnosis (circle):

- Allergy (vague) 995.3
- Acute/chronic ear infection 381.00
- Acoustic tumor 225.1
- Diabetes 253.50
- Ear Trauma 959.0
- Endocrine abnormality 237.4
- Facial paralysis 351.0
- Herpes Zoster otitis 537.1
- Impacted cerumen 380.4
- Neoplasm 239.9
- Noise exposure 951.5
- Otitis media 382.9
- Otosclerosis 387.9
- Perforation of eardrum 384.20
- Perichondritis 380.00
- Polyps or lesion of ear 385.30
- Sinus Thrombophlebitis 473.9
- Tinnitus 388.30
- Vertigo 386.10

DX Code:

Other: _____

Tape physician prescription order here:

Physician Signature: _____ Print: _____ Name: _____ Date _____ Time _____

PROHIBITED ABBREVIATION	REQUIRED TERM	PROHIBITED ABBREVIATION	REQUIRED TERM
ug	Write Microgram	1.0	Write 1. Do not use zero after decimal point
qd, q.d.	Write Daily	Zero after decimal point	
qod	Write Every Other Day or Every 48 hrs	MS	Write Morphine
U or u	Write Units	MgSO ₄ , MSO ₄	Write Magnesium sulfate or Morphine sulfate
.5	Write 0.5 - make sure you use preceding 0	IU	Write International units
No zero before decimal point		OS, OD, OU	Write Left or right eye or both eyes
		AS, AD, AU	Write Left or right ear or both ears



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A Ministry of the Sisters of Charity Health System



MR.ORDER

SVPOD-089 (12/08)

PATIENT LABEL