



Patient Name: _____

Patient Phone: _____ D.O.B: _____

Diagnosis: _____

Physician Name: _____ Physician Phone: _____

Physician Signature: _____ Date: _____

Please fax this form to 949.642.2950 with patient's pertinent medical records and insurance card.

VESTIBULAR SERVICES

DIAGNOSTIC EVALUATION AND TREATMENT:

- Vertigo
- Benign Paroxysmal Positional Vertigo (BPPV)
(Epley Omniax® treatment facility)
- Dizziness or Lightheadedness
- Vestibular Migraine
- Ménière's Disease
- Perilymphatic Fistula
- Superior Canal Dehiscence
- Unsteadiness, Imbalance or Risk of Falling
- Labyrinthitis or Vestibular Neuritis
- Motion Intolerance
- Mal de Debarquement Syndrome (MdDS)
- Post Concussive Event

AUDIOLOGICAL SERVICES

DIAGNOSTIC EVALUATION AND TREATMENT:

- Diagnostic Audiological Evaluation
- Tinnitus Evaluation
- Hearing Aid Evaluation & Treatment
(Certified provider of Lyric™ extended wear device)
- Cerumen Management
- Auditory Brainstem Response (ABR)
- Custom Molds
- Custom Hearing Protection

Notes: _____



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Patient Phone: _____ D.O.B: _____

Diagnosis: _____

Physician Name: _____ Physician Phone: _____

Physician Signature: _____ Date: _____

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PEDIATRIC AUDIOLOGICAL SERVICES

DIAGNOSTIC EVALUATION AND TREATMENT:

- Pediatric Audiological Evaluation
 - Middle Ear Effusion
 - Pre/Post Tympanostomy Tube Placement
 - Speech and Language Delay
 - Failed School Screening
- Auditory Brainstem Response (ABR)
- Hearing Aid Evaluation & Treatment
- Custom Swim Molds

PEDIATRIC VESTIBULAR SERVICES

DIAGNOSTIC EVALUATION AND TREATMENT:

- Advanced Vestibular Treatment™ (AVT) following a comprehensive diagnostic evaluation at the Institute
- Post Concussive Vestibular Evaluation & Treatment

Notes: _____

