

Physician Order Form - Hearing Aids

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____ Phone _____ Fax _____	_____ _____ _____	XYZ Hearing Solutions 123 Sound Avenue, Suite 200 Audiotown, CA 90210 Fax: 877-555-6789 Call: 800-555-4444

Patient Name: _____

Patient DOB: _____

Diagnosis:

- ☐ ☒ Sensorineural Hearing Loss (H90.3)
- ☐ ☐ Conductive Hearing Loss (H90.2)
- ☐ ☐ Mixed Hearing Loss (H90.4)
- ☐ ☐ Other: _____

Hearing Aid Type(s):

- ☐ ☒ Behind-the-Ear (BTE)
- ☐ ☐ In-the-Ear (ITE)
- ☐ ☐ In-the-Canal (ITC)
- ☐ ☐ Completely-in-Canal (CIC)
- ☐ ☐ Receiver-in-Canal (RIC)
- ☐ ☐ Bone Conduction

Preferred Technology Level:

- ☐ ☒ Basic
- ☐ ☐ Advanced
- ☐ ☐ Premium

Features Needed:

- ☐ ☒ Directional Microphones
- ☐ ☒ Noise Reduction

- ☐ ☐ Bluetooth Connectivity
- ☐ ☐ Rechargeable Batteries
- ☐ ☐ Telecoil
- ☐ ☐ Remote Control

Accessories Required:

- ☐ ☒ Hearing Aid Batteries (A9270)
- ☐ ☐ Wax Guards (A9270)
- ☐ ☐ Dehumidifier (A9270)
- ☐ ☐ Other Accessories: _____

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-877-555-6789