

Audiology Consultation Request

Date: [Insert Date]

To: [Audiologist's Name]

[Audiologist's Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Audiologist's Name],

I am writing to request an audiology consultation for my patient, [Patient's Name], who has been experiencing [brief description of symptoms].

Patient Information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Patient's Insurance Details]
- Contact Number: [Patient's Contact Number]

Clinical Information:

[Provide any relevant clinical history, prior assessments, or treatments related to the patient's hearing issues.]

I believe a thorough audiological evaluation would be beneficial for determining the appropriate management plan for [Patient's Name]. Please let me know when the patient can be scheduled for an appointment.

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Title/Position]

[Your Clinic/Hospital Name]

[Your Contact Information]