Tina Hendrix, P.A. - AUDIOLOGIST, MA, CCC-A
Telephone: 501-622-9373 - FAX: 501-683-8219 - Email: thehearinglady501@gmail.com

DOCTOR HEARING RESULTS

Please check your results and return to:

First Step ICF

Phone:

Fax:

Child's Name:_____ Date of Birth:_____

1. _____Ears were clear-no treatment necessary at this time.

2. _____Removed cerumen

3. _____Prescribed medication for middle ear fluid or ear infection.

4. _____Referred to ENT for further evaluation .Doctor refferd to:

5. _____Please send a copy of the hearing test if testing is completed at your office.

6. _____This is a demo entry.

COMMENTS: _____

_____

_____

_____

Physician's Signature

_____ _____

Physician's Signature Date