



Tina Hendrix, P.A. - AUDIOLOGIST, MA, CCC-A

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**DOCTOR HEARING RESULTS**

Please check your results and return to:

Hope

P.O. Box 1540

Hope AR 71801

Phone: (870) 777-4501

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