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

Telephone: 501-622-9373 - FAX: 501-683-8219 - Email: trhendrix1@gmail.com

Arkansas Medicaid Primary Care Physician

Managed Care Program

Referral Form & Prescription

I am making a referral for medically necessary services as follows:

Hearing and tympanometry screening or evaluation to be performed by

Tina Hendrix , Audiologist

Please Advise me of your medical findings, diagnosis and services you provide this recipient.

Recipient's

Name ______________________ DOB ______________________

Arkansas Medicaid Number ______________________

Primary Care Physician ______________________

Physician's ID Number ______________________

Primary Care Physician's Phone Number ______________________

______________________ ______________________

Primary Care Physician Signatute Date

Rev. 01/12