

# Physician Referral Form

**Maple Grove**

763.432.3386 (Office Phone) • 763.432.5498 (Fax)

**St. Cloud**

320.252.0094 (Office Phone) • 320.252.0365 (Fax)

**Please call our office to schedule an appointment:**

Date of Appointment: \_\_\_\_\_ Time of Appointment: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient Birth Date: \_\_\_\_\_

St. Cloud  Maple Grove

**Patient is being referred to Amdahl Hearing for the following service(s):**

\_\_\_\_\_ Audiological Evaluation

\_\_\_\_\_ Tinnitus Evaluation

\_\_\_\_\_ Evaluate for Amplification

\_\_\_\_\_ Swim/Noise Plugs/Musicians' Plugs

\_\_\_\_\_ Cerumen Management

\_\_\_\_\_ Attend Educational Seminar

Referring Physician \_\_\_\_\_

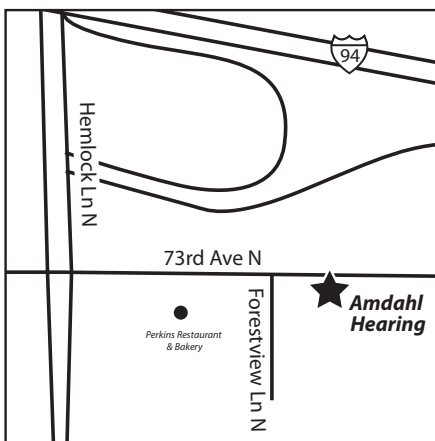
Practice Name \_\_\_\_\_

Address \_\_\_\_\_

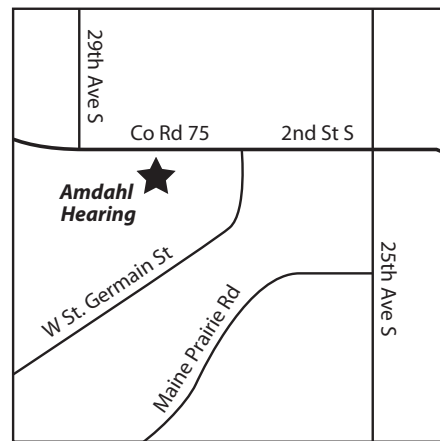
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Physician Signature \_\_\_\_\_

**This form must be accompanied by a referral/prescription for requested services. The prescription must be presented at the time of the appointment for Medicare reimbursement.**



Maple Grove  
7270 Forest View Ln N, Ste 225



St. Cloud  
2848 2nd St S, Ste 185