

To: Dr. _____ Date: _____

Request for Medical Approval and Authorization

_____ has a _____ and fitting of amplification and /or FM is recommended. This approval must be signed, dated and faxed back to the Public Health Audiology Clinic listed below before any further follow-up can be provided for this child. Timely return of this approval will authorize the audiologist to initiate fitting of appropriate hearing devices as indicated. Delays in medical approval will delay the access to amplification for the infant or child.

RE: Client name: _____
Date of birth: _____
Address: _____
Mother's name: _____
Phone: _____
BCEHP number: _____
Client hearing diagnosis (filled in by hearing clinic): _____

Audiologist Completes:

Medical approval and clearance is requested for the above client. The medical clearance and approval is requested for:

(Audiologist selects relevant parts)

Y ~~WWW~~ ~~WWW~~ Right ear earmold impression and fitting of amplification/FM if indicated

Y ~~WWW~~ ~~WWW~~ Left ear earmold impression and fitting of amplification/FM if indicated

Y ~~WWW~~ ~~WWW~~ WIM-moulds indicated:

AP Please select ear: ~~WWW~~ ~~WWW~~

Audiologist name: _____
Audiologist signature: _____
Health authority and clinic location: _____
Phone: _____
Fax: _____

Physician Completes:

Approved as requested: _____

Partial approval. Specify: _____

Not approved. Reason: _____

Comments: _____

Medical contraindications if any: _____

Right ear: _____

Left ear: _____

The signing physician is responsible for arranging and ensuring medical referral, and for ensuring that the medical assessment of this child is completed as per *BCEHP Medical Assessment Guidelines for Children with Sensorineural Hearing Loss*.

Physician name: _____

Physician signature: _____

Phone: _____

Date: _____

Instructions to audiology clinic administrative support staff: This form is faxed to the otolaryngologist as per BCEHP processes. A copy of the audiology diagnostic report is required to accompany this form. If not received back within two business days, please contact the physicians office to check on status.

Physicians administrative staff: please confirm receipt of this form with the audiology clinic.