



LIVINGSTON COUNTY DEPARTMENT OF PUBLIC HEALTH

2300 East Grand River Avenue, Suite 102 Howell, Michigan 48843-7578

www.lchd.org

ADMINISTRATION

517-546-9850
Fax: 517-546-6995

PERSONAL HEALTH

517-546-9850
Fax: 517-546-6995

ENVIRONMENTAL HEALTH

517-546-9858
Fax: 517-546-9853

HEARING PROGRAM - PHYSICIAN REPORT

Date: _____

NAME: _____

BIRTHDATE: _____

ADDRESS: _____

PHONE: _____

SCHOOL/GRADE: _____

PARENT'S NAME: _____

Technician's Initials: _____

Important: Please have the Doctor complete this form and return to the Livingston County Department of Public Health. Form may be faxed to LCDPH at 517-545-9685 (secure line) or mailed to above address. Thank you.

DOCTOR'S REPORT:

DIAGNOSIS:

- Eustachian Tube Dysfunction
 - Otitis Media (MEE, SOM, COM)
 - Cerumen Impaction
 - TM Perforation
 - Cholesteatoma
 - Sensorineural Hearing Loss
 - Mixed Hearing Loss
 - Normal Exam
 - Other _____
- _____
- _____

TREATMENT:

- Medication
- Tubes
- Surgery
- Cerumen Removal
- Hearing Aids
- No Treatment at this Time

FURTHER TREATMENT:

- Follow-up Medical Exam
- Repeat Hearing Evaluation

Physician's Signature

Date

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