B.41 Physician's Examination Report

Client Name (Last, First, M)	Client No.	Date of Birth
Address (Street, City, State, Zip Code)		

1. Date of Examination

2. Ear Examination
   a. Within Normal Limits ☐ Yes ☐ No
   b. Cerumen Removed ☐ Yes ☐ No
   c. Describe Ear Abnormalities

_____
_____

3. Is more otolaryngological examination/treatment required to provide medical clearance for the fitting of a hearing aid? ☐ Yes ☐ No
   If yes, refer this patient for consultation and completion of this form.

4. Are there any medical contradictions to hearing aid usage in either ear? ☐ Yes ☐ No
   If yes, a hearing aid is medically prohibited in ☐ Right ☐ Left

5. Is the above named individual a candidate for a hearing aid evaluation? ☐ Yes ☐ No

Physician's NPI	Physician Name (print)	Medical Specialty
Signature-Physician		
Address (Street, City, State, Zip Code)		

***Note** **PLEASE FURNISH THE PATIENT WITH THE SIGNED AND DATED ORIGINAL AND ONE COPY OF THIS FORM**

This form and supporting documentation must be maintained in the client's file.
A new Physician's Examination Report must be completed any time there is a change in the client's hearing or a new hearing aid is needed.