

YOUR HOSPITAL NAME HERE

Newborn Hearing Screening

Baby Name: _____

Date: _____

Dear Physician,

Your patient listed above has passed the hearing screening. No further testing is needed at this time.

Your patient listed above was discharged before a hearing screening could be performed. Please check with the family to ensure that they have returned for their hearing screening.

Your patient listed above has been referred for a diagnostic audiological evaluation. The hearing screening has indicated that this patient is at risk for hearing loss and further evaluation is needed. Please ensure that the family has scheduled a diagnostic hearing evaluation and that any necessary referrals have been made. A list of Audiologists who perform infant diagnostic audiological evaluations can be found on the reverse.

Thank you, and please contact us if you have any questions or concerns.