

Date: [Date]

To: [Otolaryngologist Name/Department]

Facility: [Clinic/Hospital Name]

Address: [Clinic Address]

RE: Referral for Sensorineural Hearing Loss Evaluation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Contact Number: [Phone Number]

Dear Dr. [Consultant Last Name],

I am writing to formally refer this patient for an urgent otolaryngology and audiological assessment regarding suspected sensorineural hearing loss (SNHL).

Clinical Presentation:

The patient reports [sudden / gradual] hearing loss in the [left / right / both] ear(s), first noticed on [Date]. Associated symptoms include [tinnitus / vertigo / aural fullness / none]. There is [no] history of recent viral illness, head trauma, or exposure to ototoxic medications.

Primary Findings:

- Weber Test: Lateralizes to the [left / right] ear.
- Rinne Test: [Positive / Negative] bilaterally.
- Otoscopy: External canals and tympanic membranes appear [normal / abnormal].

Current Medications:

[List medications or state "None"]

Medical History:

[List relevant history, e.g., hypertension, diabetes, autoimmune disorders]

I have initiated [e.g., high-dose oral steroids] on [Date] and would appreciate your specialist evaluation, comprehensive audiogram, and recommendations for further imaging (MRI) or intratympanic treatment if indicated.

Thank you for your assistance in this patient's care.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Practice Name]

[Your Contact Information]