

Date: [Date]

To: Department of Otolaryngology / Audiology

Re: URGENT REFERRAL: Sudden Sensorineural Hearing Loss (SSHL)

Patient Name: [Patient Name]

Date of Birth: [DOB]

Phone Number: [Phone Number]

Dear Otolaryngologist/Audiologist,

I am referring this patient for urgent evaluation of sudden onset hearing loss.

Clinical Details:

- **Onset Date/Time:** [Date and Time]
- **Affected Side:** [Left / Right / Bilateral]
- **Associated Symptoms:** [Tinnitus / Vertigo / Aural Fullness / None]
- **Relevant Medical History:** [Brief history/Medications]

Physical Examination:

- **Otoscopy:** [Normal / Abnormal findings]
- **Tuning Fork Tests (Weber/Rinne):** [Results]

Initial Management:

- **Steroids Started:** [Yes/No] (Dose/Duration: [Details])
- **Other Interventions:** [Details]

Please prioritize this patient for a diagnostic audiogram and specialist consultation as they are within the critical treatment window.

Sincerely,

[Your Name/Signature]

[Your Clinic Name]

[Your Contact Information]