

**Date:** [Date]

**To:** [Otolaryngologist Name/Clinic Name]

**Fax/Address:** [Recipient Address/Fax Number]

**RE:** Initial Otolaryngology Tinnitus Evaluation

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Phone Number:** [Patient Phone Number]

Dear Dr. [Otolaryngologist Last Name],

I am referring this patient to your office for an initial otolaryngology evaluation regarding a primary complaint of tinnitus.

**Clinical Presentation:**

- Laterality: [Left / Right / Bilateral]
- Duration: [Months/Years]
- Quality: [Ringing / Buzzing / Pulsatile / Other]
- Onset: [Sudden / Gradual]

**Associated Symptoms:**

- Hearing Loss: [Yes / No]
- Vertigo/Dizziness: [Yes / No]
- Otalgia/Otorrhea: [Yes / No]
- History of Noise Exposure: [Yes / No]

**Previous Workup/Imaging:**

[List any prior Audiograms or MRI/CT results, or state "None"]

**Requested Action:**

Please evaluate the patient for underlying structural or sensorineural etiologies and provide recommendations for management or further diagnostic imaging if indicated.

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

Sincerely,

[Referring Physician Name]

[Practice Name]

[Phone Number]