

Date: [Date]

Referring Physician: [Physician Name]

Address: [Physician Address]

RE: [Patient Name]

DOB: [Patient Date of Birth]

Dear Dr. [Referring Physician Last Name],

I had the pleasure of evaluating [Patient Name] in our Otolaryngology clinic today regarding a chief complaint of tinnitus.

Clinical Presentation:

The patient describes the tinnitus as [Subjective/Objective], [Constant/Intermittent], and [Pulsatile/Non-pulsatile]. It is localized to the [Left/Right/Both] ear(s). The onset was [Duration] ago. Associated symptoms include [Hearing loss / Vertigo / Otagia / None].

Physical Examination:

Otoscopy reveals [Normal/Abnormal] external auditory canals and tympanic membranes. Cranial nerve examination (II-XII) is intact. Tuning fork tests (Weber/Rinne) suggest [Sensineural/Conductive] patterns. [Neck auscultation/Palpation findings].

Diagnostic Results:

Audiometry performed on [Date] demonstrates:

- Left Ear: [Normal hearing / Degree of loss]
- Right Ear: [Normal hearing / Degree of loss]
- Tympanometry: [Type A / B / C]
- Speech Discrimination: [Percentage]%

Assessment/Diagnosis:

1. Tinnitus, [Unspecified/Right/Left/Bilateral]
2. [Secondary Diagnosis, e.g., Sensorineural Hearing Loss]
3. [Rule out diagnosis, e.g., Otosclerosis or Vestibular Schwannoma]

Management Plan:

- [Ordered imaging, e.g., MRI Internal Auditory Canals]
- [Recommended Tinnitus Retraining Therapy or Masking devices]
- [Pharmacological recommendations]
- [Follow-up interval]

Thank you for the opportunity to participate in the care of this patient.

Sincerely,

[Your Name, MD/DO]
Department of Otolaryngology
[Clinic/Hospital Name]