

Date: [Date]
To: [Otolaryngologist Name]
Fax/Address: [Recipient Details]

RE: [Patient Name]
DOB: [Patient Date of Birth]

Dear Dr. [Otolaryngologist Last Name],

I recently evaluated the above-named patient for a primary complaint of tinnitus. Based on the audiological findings, I am referring this patient to your office for a medical consultation to rule out underlying pathology.

Audiological Summary:

- **Hearing Loss:** [Symmetric/Asymmetric] [Type/Degree]
- **Tinnitus Description:** [Subjective/Objective], [Pulsatile/Non-pulsatile], [Constant/Intermittent]
- **Lateralization:** [Right Ear / Left Ear / Bilateral]
- **Significant Findings:** [e.g., Unilateral weakness, air-bone gaps, abnormal reflex decay]

Clinical Reason for Referral:

[Insert specific reason, e.g., Unilateral tinnitus, sudden onset hearing loss, pulsatile tinnitus, or vestibular symptoms].

Current Audiological Management Plan:

- [] Hearing Aid Evaluation / Masking Features
- [] Tinnitus Retraining Therapy (TRT) / Sound Therapy
- [] Cognitive Behavioral Therapy (CBT) Referral
- [] Follow-up Audiometry in [Number] months

I have attached the comprehensive audiogram and immittance testing results for your review. Please inform my office of your medical findings so we may coordinate the long-term management of this patient's tinnitus.

Sincerely,

[Audiologist Name], Au.D.
[Clinic Name]
[Phone Number]
[Email Address]