

Date: [Insert Date]

To: Department of Otolaryngology / Neurotology

From: [Referring Physician Name]

Subject: URGENT EVALUATION REQUEST: Pulsatile Tinnitus

Patient Name: [Patient Name]

Date of Birth: [DOB]

Phone Number: [Phone Number]

Dear ENT Specialist,

I am referring this patient for an urgent evaluation of persistent pulsatile tinnitus. This symptom is described as a rhythmic sound synchronous with the patient's heartbeat.

Clinical Findings:

- **Duration:** [How long symptoms have lasted]
- **Laterality:** [Left / Right / Bilateral]
- **Associated Symptoms:** [e.g., Hearing loss, vertigo, headaches, visual changes, or neck pain]
- **Physical Exam:** [e.g., Results of neck auscultation for bruits or otoscopy]

Red Flags Noted: [List any, e.g., papilledema, cranial nerve deficits, or sudden onset]

Current Diagnostic Results:

[List any completed imaging like CTA, MRA, or Audiometry, or write "Pending"]

Given the potential for underlying vascular etiologies, including arteriovenous malformations, dural arteriovenous fistulas, or idiopathic intracranial hypertension, I request an expedited consultation and specialized neurotological workup.

Thank you for your prompt attention to this matter.

Sincerely,

[Physician Signature]

[Practice Name]

[Contact Information]