



The **Eyes, Ears, Nose & Throat (ENT) Clinic** has established the following standardized criteria for referrals. To avoid delay in appointment scheduling, please ensure that all supporting information for the pre-determined outcome and/or condition is included with the Outpatient Referral Form **prior** to requesting the referral. Please mark the appropriate box(s) as indicated.

1. Chronic Otitis Media

- Documentation of **more than two (2)** consecutive courses of antibiotics (at least 14 days) with evidence of persistent fluid/chronic middle ear effusion. Attach documentation to the consult referral request
- Completed **Tympanogram/Audiogram** with results attached to the consult referral request

2. Adult Ear Pain/Otalgia

- Documentation of ear pain or pressure needs to be treated with antibiotics and decongestant for 14 days or more. Attach documentation to the consult referral request
- Results of lateral soft tissue **X-ray of the nasopharynx** and attach results to the consult referral request

3. Hearing Loss

- Completed **Audiogram** with results attached to the consult referral request
- Patients with cerumen impaction need it removed before an audiogram can be done
- ALL Medi-Cal** patients must have a **completed TAR** before an audiogram can be done

4. Tympanic Membrane Rupture

- Documentation of persistent/recurrent drainage or conductive hearing loss. Attach documentation to the consult referral request
- Completed **Tympanogram/Audiogram**. Attach results to the referral request form

5. Tonsillitis

- Documentation of **four (4)** or more episodes of tonsillitis that were treated with full **10 day** course of antibiotics. Attach documentation to the consult referral request. Acute Tonsillitis will **not** be seen in the ENT Clinic
- Completed sleep study if **sleep apnea** is suspected. Adult patients must have a split study prior to ENT evaluation. Attach sleep study results to the consult referral request

6. Chronic Sinusitis

- Completed **Non-contrast CT SCAN** of the sinuses, confirming chronic sinusitis, **before** the referral is sent to ARMC ENT Clinic. Attach results to the consult referral request

7. Mass of the Neck/Pharynx/Larynx

- Completed **CT Scan with contrast** prior to ENT evaluation. Attach results to the consult referral request
- Thyroid Masses require a thyroid ultrasound prior to ENT evaluation. Attach results to the consult referral request

8. Deviated Septum/Nasal Fractures

- Refer only patients that have nasal obstruction or cosmetic deformity. X-rays are not necessary

9. Vertigo

- Vertigo is the feeling that you or your environment is moving or spinning. It differs from dizziness in that **Vertigo** describes an illusion of movement

10. Tinnitus

- Completed **Tympanogram/Audiogram**. Attach results to the consult referral request

ARMC ENT clinic will NOT see the following conditions:

- *RHINITIS*
- *MASSES OF THE ORAL CAVITY: lesions on the lips, tongue, cheeks, gums or palate need to be referred to OMFS/Oral Surgery for evaluation, biopsy and or treatment.*
- *TMJ: Patients with TMJ will not be seen in the clinic. Surgery for TMJ is not a covered benefit and patients will have to find a provider that will perform these services.*
- *DIZZINESS: Patients with dizziness will not be seen in the ENT clinic. Only patients with true signs and symptoms of Vertigo will be seen in the ENT clinic. (see Vertigo signs and symptoms.)*
- *Referrals from other ENT clinics to ARMC ENT Clinic will not be seen in the clinic unless requiring a higher level of care than what is provided at the current ENT clinic. ENT to ENT referrals need a phone authorization between physicians.*