

Coon Rapids
Phone: (763) 786-6900
Fax: (763) 786-6901

Edina (Southdale)
Phone: (952) 345-3000
Fax: (952) 345-6789

 **NDBC**
National Dizzy
& Balance Center

www.StopDizziness.com

St. Paul
Phone: (651) 221-0303
Fax: (651) 221-0302

INSURANCES ACCEPTED: Aetna, America's PPO, Auto, Blue Cross/Blue Shield, HealthEast, Medicare, Medica, Preferred One, Select Care network, Tri-care, Ucare, United Healthcare, Workers comp

Today's Date: _____
Patient Name: _____ DOB: _____ Sex: M F
Patient Phone: Home #: (____) _____ Work #: (____) _____
Patient Primary Insurance: _____ Policy #: _____
Specific Instructions: _____

COMPREHENSIVE DIZZINESS/BALANCE WORK-UP
Doctor Consultation, Diagnostic Testing, Physical Therapy

EVALUATE & TREAT PER NDBC PROTOCOL: (EMR# COMP-MD)
Initial Doctor consultation, Diagnostic Testing in our Balance Lab per NDBC protocols, Physical Therapy Evaluation, and a 5-10 week rehabilitation plan based upon initial findings.

Monthly re-evaluations and follow up appointments with a NDBC doctor are made to determine continued treatment plans. All dictations will be sent/faxed to your office, please choose below.

DIAGNOSIS OR REASON FOR REFERRAL:

➔ **REPORTS** - How would you like the reports delivered to your office?
 Fax only Mail only Both please

PHYSICAL THERAPY SERVICES
Physical Therapy Evaluation & Treatment ONLY

EVALUATE & TREAT PER NDBC PROTOCOL: (EMR# COMP-PT)
Physical Therapy Evaluation, baseline testing using computerized dynamic posturography, and a 5-10 week rehabilitation plan based upon initial findings. All notes/evaluations will be sent to your office.

Specific Treatment Requested:

<input type="checkbox"/> Vestibular rehabilitation	<input type="checkbox"/> Cane/walker training
<input type="checkbox"/> Balance retraining	<input type="checkbox"/> Fall prevention
<input type="checkbox"/> Neuro rehabilitation	<input type="checkbox"/> Gait training
<input type="checkbox"/> Other _____	

Benign Paroxysmal Positional Vertigo (BPPV) Protocol:
Physical Therapy Evaluation, Video-Occulography evaluation of semi-circular canals for otoconia crystals, and canalith repositioning if indicated. If negative, our standard PT protocol above will be followed.

➔ **REPORTS** - How would you like the reports delivered to your office?
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PLEASE CHOOSE A DIAGNOSIS FOR BILLING PURPOSES:

781.2 Abnormal gait 719.7 Difficulty walking 781.3 Lack of coordination
 386.11 Benign Paroxysmal Postional Vertigo Other: _____

BALANCE LAB - DIAGNOSTIC TESTING
Diagnostic Testing ONLY with Audiologist

COMPREHENSIVE DIAGNOSTIC TESTING PROTOCOL:

EVALUATE & TREAT PER NDBC PROTOCOL: (EMR# COMP-DX)
Rotational Chair Testing, Video-Nystagmography (VNG/ENG) with caloric testing, Audiologic assesment, Computerized Dynamic Posturography, and Evoked Potential Studies.

Specific tests NOT to be performed:

- Rotational Chair Testing
- Video-Nystagmography (VNG/ENG)
- Audiologic assesment
- Computerized Dynamic Posturography
- Evoked Potential Studies

Specific Instructions: _____

➔ **DIAGNOSTIC REPORT** - How would you like the report delivered to your office?
 Fax only Mail only Both please

SPECIFIC BALANCE LAB TESTS REQUESTED:

<input type="checkbox"/> Video-Nystagmography (VNG/ENG)	<input type="checkbox"/> Comprehensive Hearing Evaluation
<input type="checkbox"/> Rotational Chair Testing (Edina & St. Paul Clinics)	<input type="checkbox"/> Specific Hearing Tests
<input type="checkbox"/> Computerized Dynamic Posturography (CDP)	<input type="checkbox"/> Pure tone audiometry
<input type="checkbox"/> Evoked Potential Studies	<input type="checkbox"/> Speech audiometry, threshold
<input type="checkbox"/> Vestibular Evoked Myogenic Potential (VEMP)	<input type="checkbox"/> Speech audiometry, w recognition
<input type="checkbox"/> Auditory Brainstem Response (ABR)	<input type="checkbox"/> Acoustic reflex threshold test
<input type="checkbox"/> Electrocholeography (ECOG)	<input type="checkbox"/> Tympanometry
<input type="checkbox"/> Otoacoustic Emissions (OAE)	<input type="checkbox"/> Dynamic Visual Acuity Testing

➔ **DIAGNOSTIC REPORT** - How would you like the report delivered to your office?
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PLEASE CHOOSE A DIAGNOSIS FOR BILLING PURPOSES:

780.4 Dizziness & giddiness 386.10 Peripheral vertigo, unspecified
 386.11 Benign Paroxysmal Postional Vertigo 386.2 Vertigo, central origin
 386.50 Labyrinthine dysfunction Other: _____

Physician Signature: (required) _____ **Phone:** _____
Physician Name: (print) _____ **Clinic/Location:** _____

SEE REVERSE SIDE FOR MAPS & DIRECTIONS - If you have any questions, call any NDBC location.