

"REFER" PHYSICIAN LETTER

Dear Dr. _____:

On _____, the following infant had a hearing screen at Aspirus Women's Health Birthing Center at Aspirus Wausau Hospital.

Infant's Name _____

Parent's Name _____

Address _____

Phone Number _____



This infant is identified for further testing as he/she **did not pass** the newborn hearing screening. You may wish to discuss the results with the infant's parents as there may be many reasons for not passing the newborn hearing screen.

The American Academy of Pediatrics guideline has as its goal that 100% of infants with significant congenital hearing loss be identified by 3 months of age and shall have appropriate and necessary interventions initiated by 6 months of age.

We have scheduled an appointment for this child for further audiological assessment. This child

has an appointment on _____ at _____.

date

time

Ear, Nose & Throat Associates of Wausau, S.C.
2801 Westhill Drive, Wausau, WI 54401
Phone Number: 715.847.2021

Marshfield Clinic - Wausau Center
2727 Plaza Drive, Wausau, WI 54401
Phone Number: 715.847.3232

Marshfield Clinic - Weston Center
3501 Cranberry Blvd. Weston, WI 54476
Phone Number: 715.847.3232

Marshfield Clinic - Merrill Center
1205 O'Day Street, Merrill, WI 54452
Phone Number: 715. 539-0101

Sincerely,

Aspirus Women's Health Birthing Center
Sponsored by Aspirus Volunteers