



Balance Center
**Westchester
Medical Center**

Westchester Medical Center Health Network

Balance Center Referral Form

Date:

Patient Name:

Patient Phone:

Diagnosis:

- | | |
|---|--|
| ☐ Central Vertigo/ICD10 H81.4 | ☐ Peripheral Vertigo/ ICD10 H81.319 |
| ☐ Meniere's Disease/ICD10 H81.09 | ☐ Vestibular Neuritis/ICD10 H81.20 |
| ☐ Labyrinthitis/ICD10 H83.09 | ☐ Vestibular Schwannoma/ICD10 D33.3 |
| ☐ Other: | /ICD10: |

Testing/Therapy Requested

- ☐ Complete Balance Testing (VNG/Post/Rotary Chair and VEMP)
- ☐ VNG
- ☐ Posturography
- ☐ Rotary Chair
- ☐ VEMP
- ☐ Balance Therapy w/ Vestibular Rehabilitation Specialist

Ordering Physician Name:

Signature:

Address/Fax from Reports:

Please fax this form to 914-493-7853

We will contact patient to schedule an appointment.



The Balance Center at Westchester Medical Center

Katrina R. Stidham, M.D.
Medical Director

Incoronata Lileika CCC-A, FAAA
Vestibular Audiologist

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