ENT Tympanostomy Tube Replacement Appointment Form Fax #: (907) 729-1412

Site: _____

Provider Requesting Appt:_____	**Phone #:_____**
Provider Case Manager:_____	**Phone #:_____**
Primary Care Provider:_____	**Phone #:_____**
PCP Case Manager:_____	**Phone #:_____**

The following guidelines are indications for a tympanostomy tube placement in an otherwise healthy child. Patients meeting these criteria can be directly referred to us. We will contact them and arrange a surgery date.

Indications

- ❑ Recurrent acute otitis media defined as four acute distinctive infections over a six month period or six acute distinctive infections over a twelve-month period.
- ❑ Otitis media with effusion defined as bilateral middle ear effusion that is present for at least three months despite treatment with at least one course of antibiotic therapy. Documentation of hearing loss is preferred when possible.
- ❑ Breakthrough infection (acute otitis media) while on antibiotic prophylaxis

Pertinent History

1. Is patient without preexisting medical problems that might complicate anesthesia delivery and/or the surgical procedure? YES NO
2. Does patient desire procedure in the next four weeks? YES NO
3. Does patient desire direct referral for surgery forgoing evaluation in regional clinic? YES NO

If any of the above are no, patient does not meet direct referral criteria and should be referred to ENT for evaluation.

Pertinent Information

1. Adenoidectomy in the setting of a history of middle ear disease may be considered on a case by case basis by the otolaryngologist
2. Severe retractions of the tympanic membrane or retraction pockets should receive an ENT clinic evaluation and should not be directly referred for tubes.

Note: Decisions for direct referral and surgical intervention must be individualized for each patient. Patients with ear or hearing problems not meeting these criteria should be referred to ENT clinic.

Patient Name :_____

Date Of Birth:_____

Social Security #: _____

Guardian's Name :_____

Address:_____

Home Phone #:_____

Work Phone #: _____

Date & Time_____ MD: _____