WMC Health

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.**

**Balance Center at Westchester Medical Center**
Katrina R. Stidham, MD
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Clinical Director

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