



Cochlear Implant Planning Checklist

Patient Name: _____

Appointment/Approval Dates

____ Initial consultation with implant surgeon _____

____ Hearing aid fitting/trial (4-6 months total) _____

____ Cochlear Implant Evaluation _____

____ Imaging MRI or CT scan _____

____ VNG Balance testing (if needed) _____

____ Follow up consultation with implant surgeon _____

____ Finalize implant order form with audiologist and surgeon _____

____ Insurance approval (if necessary) _____

____ Vaccinations- (Pneumovax & Prevnar; Hib [children]) must
have one prior to the day of the operation and may get
the other after the surgery _____

____ Medical Clearance by PCP (if deemed necessary) _____

____ Surgery _____

____ Post -op _____

____ Activation (3-6 weeks post-op) _____