

Request for Audiology:

- ☐ Adult Hearing Assessment (no charge for eligible pensioners and veterans)
- ☐ Hearing Aid Consultation
- ☐ Pre-employment Testing
- ☐ Child Hearing Assessment (from 6 months)
- ☐ Auditory Processing Disorder Assessment
- ☐ Tinnitus and Hyperacusis Assessment/Management
- ☐ Custom Earplugs (noise, sleep, swim, musician)
- ☐ Cochlear Implant Candidacy Assessment
- ☐ Micro-Suction Wax Removal

Patient Name: _____

DOB: _____ **Referral Date:** _____

Medical Practitioner: _____

Medical Practice Name: _____

Medical Provider Number: _____

Notes: _____

 Suite 503, 282-290 Oxford St,
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