PROFESSIONAL
HEARING SERVICES

Referral Note

Date: _____

Patient Name: _____

Referring Physician: _____

Physician Billing Number: _____

REASON FOR REFERRAL:

- ❑ Adult Testing
- ❑ Otitis Media
- ❑ Speech Language Delay
- ❑ Vertigo/Tinnitus
- ❑ Possible Hearing Loss
- ❑ Hearing Aid Problem
- ❑ Hearing Aid Assessment
- ❑ Pediatric Audiology

Remarks: _____

_____

Physician Signature: _____

❑ Check here if more referral pads are needed

(There may be a charge for some services, please inquire at the time of booking.)

www.professionalhearingservices.ca

Newcastle | Whitby | Scarborough | Ajax | Bowmanville