



AUDIOLOGY & HEARING AID CLINIC

Date / /
 DD MM YYYY

Referring Provider Information

Physician Name _____ Phone Number _____

Patient Information

Patient Name _____ D.O.B _____

Phone Number _____

- Routine
- Urgent

Reason for Referral

- Pediatric Hearing Assessment (5-17)
- Adult Hearing Assessment (18+)
- Hearing Aid Evaluation
- Tinnitus Counseling
- Other _____
- Custom Plug / Noise Protection
- Hearing Aid Adjustment
- Cerumen Management

Comments

Please fax referral to 905-990-3855 or info@pcaudiology.ca

Thank you for choosing Port Credit Audiology & Hearing Aid Clinic.
We look forward to partnering with you in your patient's care.

5-224 Lakeshore Road W.
Mississauga, Ontario L5H 1G6

Located in the Credit Landing Shopping Centre

t: 905.990.3755