

ALDRESHOT AUDIOLOGY

Hearing Healthcare Clinic

Unit 6 – 18 Plains Rd. W., Burlington, ON L7T 0B3

Phone: 905-635-HEAR (4327) Fax: 289-337-4173

Shanni Philp, Au.D., Reg. CASLPO

Doctor of Audiology

REFERRAL FORM

PATIENT INFORMATION:

FIRST NAME

LAST NAME

PHONE

DATE OF BIRTH

DATE OF REFERRAL: _____

REASON FOR REFERRAL:

- Decreased Hearing
- Tinnitus
- Needs new hearing aids
- Needs current hearing aids adjusted
- Custom Hearing protection
- Ear Infection
- Other _____

PHYSICIAN INFORMATION FOR RECEIPT OF AUDIOLOGY REPORT:

FIRST NAME

LAST NAME

PHONE

FAX

ADDRESS (IF YOU WOULD PREFER REPORT TO BE MAILED)

CITY

PROVINCE

POSTAL CODE

Please fax referral form to 289-337-4173