



1975 Avenue Road,
Toronto, Ontario M5M 4A3

Tel: 416-440-8011
Fax: 416-440-8012
Email: info@AvenueHearing.com

REFERRING DOCTOR

Referring Doctor: _____

Physician #: _____

Signature: _____

Phone #: _____

Fax #: _____

PATIENT INFORMATION

Name:	
OHIP #:	
DOB:	MM / DD / YYYY
Gender:	Male / Female / Other
Contact Phone #:	

REASON(S) FOR REFERRAL & RELEVANT MEDICAL HISTORY

- Hearing Test Only
- Hearing Test & ENT Consultation
- Hearing Test
& see ENT Consultation, if necessary
- New Hearing Aid / Repair
- Custom Ear & Hearing Protection
- Assistive Listening Devices:
FM Listening System, Infrared TV Amplifier, Personal Amplifier, Amplified Telephone, Alarm Clock, Safety Devices.

Please notify us 48 hours in advance to reschedule or cancel an appointment.