



Woodbine Medical Centre
7155 Woodbine Ave., Lower Level,
Markham, Ontario L3R 1A3
Tel: 416-628-4004
Fax: 416-628-4006
Email: info@cleartonehearing.ca
Web: www.cleartonehearing.ca

REFERRING DOCTOR

Physician Name: _____ Date: _____

Physician #: _____ Signature: _____

Phone: _____ Fax: _____

PATIENT INFORMATION

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

REASON(S) FOR REFERRAL & RELEVANT MEDICAL HISTORY

- | | |
|---|---|
| <input type="checkbox"/> Hearing Test Only | <input type="checkbox"/> New Hearing Aid / Repair |
| <input type="checkbox"/> Hearing Test & ENT Consultation | <input type="checkbox"/> Custom Ear & Hearing Protection |
| <input type="checkbox"/> Hearing Test
& ENT Consultation, <u>if necessary</u> | <input type="checkbox"/> Assistive Listening Devices:
FM Listening System, Infrared TV
Amplifier, Personal Amplifier,
Amplified Telephone, Alarm Clock,
Safety Devices. |
| <input type="checkbox"/> Hearing Test, Vestibular Function Test,
& ENT Consultation, <u>if necessary</u> | |

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