

ULTIMA HEARINGCENTRE

LIFE IS WORTH LISTENING TO



5995 14th Avenue, Unit A2B

(inside Health+Plex Centre) Markham, ON, L3S 0A2

Phone: 905-201-3800 **Fax:** 905-471-5337

e-mail: info@ultimahearing.com



Patient Name: _____

Date of Birth: _____ **Phone:** _____

Service Type: ☐ Audiology ☐ Otology (by ENT)

Reason for Referral:

- | | |
|--|---|
| <input type="radio"/> Decreased hearing | <input type="radio"/> Hearing aid adjustments |
| <input type="radio"/> Tinnitus | <input type="radio"/> Hearing assessment (employment) |
| <input type="radio"/> Vertigo | <input type="radio"/> Custom hearing protection |
| <input type="radio"/> Cerumen management | <input type="radio"/> Other _____ |

Additional Comments:

Referring Physician Information:

_____ Name	_____ Billing No.
_____ Address	
_____ Phone	_____ Fax
_____ Date	_____ Signature