

MARKHAM LOCATION

20 New Delhi Drive, Unit 96
Markham, ON, L3S 0B5
Phone: 905-201-3800 **Fax:** 905-471-5337
e-mail: info@ultimahearing.com

MAPLE LOCATION

9401 Jane Street, Unit 329
Maple (Vaughan), ON, L6A 4H7
Phone: 905-553-9547 **Fax:** 905-530-1785
e-mail: maple@ultimahearing.com

Patient Name: _____ Date of Birth: _____

Phone: _____ E-mail: _____

Address: _____ Health Card#: _____

Service Type:

- Audiology Speech Language Pathology Vestibular Physiotherapy

Reason for Referral:

- Decreased Hearing (Age 6 Month+) Hearing Aids Counselling
 Tinnitus Custom Hearing Protection
 Vertigo Speech or Language Delay
 Cerumen Management Other _____

Remarks:

- Book Consult with on-site ENT if Required (CPP and Relevant Imaging Included)

Referring Provider Information:

Name OHIP Billing No. (required for ENT referrals)

Address

Phone Fax

Date Signature