

Referral to HearCanada

Patient's Name: _____
First *Last*

Requires Hearing Test

Requires Hearing Aid Evaluation

Suspect Tinnitus

Other _____

Doctor's Name: _____

Doctor's Information for Receipt of Audiology Report

Address: _____

**To make an appointment at a clinic near you,
call HearCanada at 1-888-933-3277.**



HearCanada

Canada's Most Trusted Name in Hearing Care.

hearcanada.com