



Make an appointment at a clinic near you

1-855-283-4848  **hearcanada.com**

CONSULTATION REQUEST

Name of Patient: _____

Address: _____ Postal Code: _____

Tel. Number: _____ D.O.B.: ____ / ____ / ____
dd mm yy

TESTS REQUESTED:

Hearing evaluation

Impedance-tympanogram

Hearing aids prescription and/or evaluation

Swim plugs

Custom hearing protection

Assistive listening device

Other: _____

Name of Referring Professional: _____

Tel. Number: _____ Date: _____