

Please arrange for my patient:

- | | |
|--|--|
| <input type="checkbox"/> Hearing Assessment | <input type="checkbox"/> Tympanometry |
| <input type="checkbox"/> Tinnitus Assessment | <input type="checkbox"/> Wax Removal |
| <input type="checkbox"/> Paediatric Assessment
(4 years plus) | <input type="checkbox"/> Report Required |

Other services available

- Pre-employment hearing test
- Industrial hearing screening
- Police, aviation, dive hearing test
- Custom earplugs for musicians, swimming & hearing protection

Date

Mr/Mrs/
Miss

Medical
contraindications
to the fitting of
a hearing aid

.....

.....

Other comments

.....

.....

Referring
Doctor
(please print)

stamp here

Provider
No.

294 Stephensons Rd, Mt Waverley VIC 3149
Phone: (03) 9807 3007
Fax: (03) 9807 3008
www.alphahearing.com.au

