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## **REFERRAL FORM**

Patient Name:	
Date of Birth:	Health Card #:
Home Phone:	Work Phone:
Hearing Test  Private Pay Service (\$45.00)	Otolaryngology Consult & Hearing Assessment OHIP
As the patient is not seen by the Otolaryngologist, the hearing test is not covered by OHIP. Patient pays \$45.00.	Otolaryngology consult is required in order for the hearing assessment to be covered by OHIP.
<ul> <li>☐ Hearing Assessment</li> <li>☐ Other Services:</li> <li>☐ Requires Hearing Aids</li> <li>☐ Requires Hearing Aid Repair/Adjustment</li> <li>☐ Custom Hearing Protection</li> <li>☐ Custom Swim Molds</li> </ul>	<ul> <li>□ Decreased Hearing</li> <li>□ Otitis Media (ear infections)</li> <li>□ Otorrhea (Discharge)</li> <li>□ Otalgia</li> <li>□ Vertigo/Dizziness</li> <li>□ Tinnitus</li> </ul>
Physician Name: Physician Billing Number:	
Date of Referral:	