Toronto Audiology Associates

803-240 Duncan Mill Rd.
North York, Ontario, Canada M3B 3S6
Website: www.torontoaudiology.com
Telephone: 416-331-9888
Fax: 416-331-9881

Appointment Date & Time: _____

PATIENT INFORMATION

Name: _____ DOB: _____ (day/month/year)

OHIP: _____ Version Code: _____

Address: _____

E-mail: _____

Telephone (Home): _____ (Work): _____

REFERRING PHYSICIAN

Physician: _____ Telephone: _____

Billing Number: _____ Fax: _____

Address: _____

_____

Physician's Signature: _____

Date: _____(day/month/year)

SERVICE REQUESTED

- ☐ Hearing test
- ☐ Hearing Aid Evaluation
- ☐ Hearing Aid Recheck
- ☐ Central Auditory Processing

I hereby give my consent for the assessment of my child's hearing

_____ _____

Name of Parent or Legal Guardian (PRINT) Signature