PRAIRIE
HEARING CENTRE

Prairie Hearing Centre
780-882-2222
Fax: 780-882-2250

Patient Name:

Date: ___ /___ /_____
DD MM YYYY

Patient's Phone #:

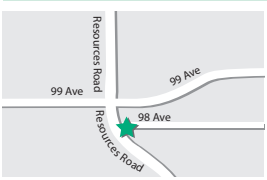
Reason for Referral

- ☐ Audiometric Evaluation
- ☐ Tympanometry
- ☐ Hearing Aid Consultation
- ☐ Hearing Protection
- ☐ Other

Comments:

Signed by: Dr. _____ _____
(PLEASE PRINT) (SIGNATURE HERE)

at _____
(CLINIC LOCATION)



A report will be sent to the above referring physician

www.prairiehearing.com
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Grande Prairie, AB
T8V 8K5