

Date: _____

○ **CALGARY**

Tel: 403.270.7425
Fax: 403.270.7435
701 14th Street NW
Calgary, AB

○ **GRANDE PRAIRIE**

Tel: 780.538.2744
Fax: 780.538.2016
#102, 10712 100 Street
Grande Prairie, AB Service
en français

○ **HIGH RIVER**

Tel: 403.652.7721
Fax: 403.652.3091
120 4th Avenue SW
High River, AB

○ **LETHBRIDGE Tel:**

1.866.402.5552 Fax:
403.270.7435 1274
3rd Avenue S
Lethbridge, AB

FREE ONSITE PARKING AT ALL LOCATIONS

REFERRAL FORM

Patient Name: _____

☐ Adult

☐ Pediatric

Patient Telephone Number: _____

Parent/Guardian Name (if applicable)

D.O.B.: _____ P.H.N.: _____

AUDIOLOGY

Audiology is fee-for-service; some services may be covered by 3rd party insurance companies.

- | | |
|---|---|
| <input type="radio"/> Complete Diagnostic Hearing Assessment | <input type="radio"/> Hearing Aids |
| <input type="radio"/> Industrial / Employment Hearing Screening | <input type="radio"/> Custom Noise Plugs |
| <input type="radio"/> Auditory Processing Assessment / Therapy | <input type="radio"/> Custom Swim Plugs |
| <input type="radio"/> Tinnitus & Hyperacusis Assessment / Therapy | <input type="radio"/> Custom Musicians' Filters |

Physician Name (print): _____

Physician Signature: _____

NOTES:

PHYSICIAN STAMP/FAX: