

## Audiological Services Requisition



<b><u>Amherstburg</u></b>	<b><u>Essex</u></b>	<b><u>LaSalle</u></b>
503 Sandwich Street South, Suite 2 Amherstburg ON N9V 3G5 Phone: (519) 730-1030 Fax: <b>(519) 730-1035</b>	35 Victoria Avenue, Suite 8 Essex ON N8M 1M4 Phone: (519) 961-9285 Fax: <b>(519) 961-9414</b>	1468 Front Road, Suite 2 LaSalle ON N9J 2B3 Phone: (519) 970-9587 Fax: <b>(519) 970-9751</b>
<input type="checkbox"/> Hearing Test, Adult  <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Hearing Aid Repairs <input type="checkbox"/> Central Auditory Processing (CAP Testing) <input type="checkbox"/> Vertigo Evaluation & Management  <input type="checkbox"/> Tinnitus Evaluation & Management <input type="checkbox"/> Aural Rehabilitation <input type="checkbox"/> Custom Noise/Swim Plugs	<input type="checkbox"/> Hearing Test, Adult <input type="checkbox"/> Hearing Test, Child (5+) <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Hearing Aid Repairs <input type="checkbox"/> Central Auditory Processing (CAP Testing) <input type="checkbox"/> Vertigo Evaluation & Management  <input type="checkbox"/> Vestibular Rehabilitation <input type="checkbox"/> Tinnitus Evaluation & Management <input type="checkbox"/> Aural Rehabilitation <input type="checkbox"/> Custom Noise/Swim Plugs	<input type="checkbox"/> Hearing Test, Adult  <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Hearing Aid Repairs  <input type="checkbox"/> Vertigo Evaluation & Management <input type="checkbox"/> Vestibular Evaluation  <input type="checkbox"/> Aural Rehabilitation <input type="checkbox"/> Custom Noise/Swim Plugs
Patient Name: Date of Birth: Phone: Alt Contact: OHIP:	Referring Physician: Reason for referral:	

Trust your patients' care to our C.A.S.L.P.O. Registered Doctor of Audiology

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