

HALTON HEARING CENTRE

277 Lakeshore Rd. East, Suite 306 · Oakville, ON L6J 1H9

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Melissa McFadden, B.Sc., M.Sc., Reg. CASLPO

Dr. Jack Kolenda, M.D. FRCS (C)

REFERRAL FORM

Patient Name: _____

Date of Birth: _____ Health Card #: _____

Home Phone: _____ Work Phone: _____

Reason for Referral:

- Decreased Hearing
- Tinnitus
- Needs new hearing aids
- Needs current hearing aids adjusted
- Custom hearing protection
- Ear Infection
- ENT Consult

Reason: _____

Physician Name: _____

Date of Referral: _____

Hearing Tests and Hearing Aid-related issues can be scheduled within 2 weeks.

Appointment times will be faxed back to the referring physician.