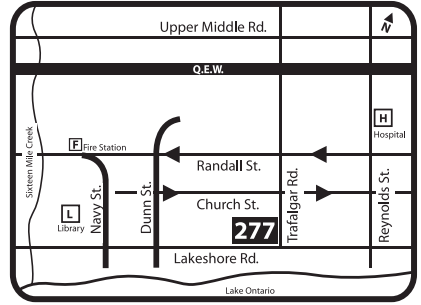


# HALTON HEARING CENTRE

277 Lakeshore Rd. East, Suite 306  
Oakville, ON L6J 1H9  
Phone: 905-849-7560  
Fax: 289-295-0113



**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: \_\_\_\_\_

Physician Billing Number: \_\_\_\_\_

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.