

DIAGNOSTIC HEARING TEST (DHT) REQUEST/REFERRAL

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Diagnostic Hearing Test (DHT)

Sudden Hearing Loss—URGENT

TORONTO HEARING SERVICES

WWW.TORONTOHEARINGSERVICES.COM

THE AUDIOLOGY CENTRE

AudiologyCentre@TheTorontoHearingServices.com

#340-1333 SHEPPARD AVE. E., NORTH YORK, ON M2J 1V1

T: 416-498-4151

F: 416-498-1589

MARKHAM STOUFFVILLE HEARING SERVICES

MarkhamStouffville@TheTorontoHearingServices.com

#203-377 CHURCH ST., MARKHAM, ON L6B 1A1

T: 905-471-4327

F: 905-471-4338

WEST END HEARING SERVICES

WestEnd@TheTorontoHearingServices.com

#711-1243 ISLINGTON AVE., ETOBICOKE, ON M8X 1Y9

T: 416-233-8581

F: 416-233-4390

REASON FOR REFERRAL:

POSSIBLE HEARING LOSS

HEARING AID EVALUATION

TINNITUS

AUDITORY PROCESSING DISORDER (APD) ASSESSMENT

CUSTOM EAR PLUGS (I.E. SWIM, MUSICIANS, ETC.)

OTHER: _____

PATIENT INFORMATION

NAME: _____

DATE OF BIRTH: _____ HEALTH CARD NUMBER: _____

TELEPHONE: _____

EMAIL: _____

REFERRING DOCTOR

NAME: _____ BILLING #: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

REMARKS/COMMENTS:

DATE: _____

DOCTOR'S SIGNATURE: _____