## **Medical Referral Form**

Your partner in hearing health



## **Patient Details**

Name		DOB
Address		
Suburb	State	Postcode
Phone	Email	
• Free Hearing Check <sup>1</sup> A free 20-minute heading check hearing loss is present.	is available for all adults over the a	age of 18 to determine if
who are aware of hearing probl or experience tinnitus. This test	<b>It at no cost to patient.</b> <sup>2</sup> e appointment with a clinician. Reco lems and want to know more about is also suitable for adults who have s such as ear pressure or loss of ser	: hearing solutions, and/ e noticed sudden hearing
• <b>Ear Wax Removal – \$65</b> Our full trained and qualified clinicians can safely and hygienically remove wax. During the appointment, we will remove ear wax and can also conduct a quick hearing assessment.		
Hearing Assessment		
○ Free Hearing Check <sup>1</sup>	50-minute comprehensive hearing a	assessment <sup>2</sup> O Ear Wax Removal
<b>Referrer Details</b> Please present this referral form or charges may apply		
Doctor's name		
Provider number		
Practice name		
Practice address		
Contact number		
Email		
Assessment results will be sent to the referrer	unless otherwise requested.	
Signature	D	Date

## To book an appointment

Call 1800 50 60 70. Refer to your nearest Amplifon clinic on the back of this form.

Terms and conditions – 1. Free hearing checks available for everyone 18 years and over. 2. Conditions apply under the Australian Government Hearing Services Program. For full terms and conditions visit www.amplifon.com/au/terms-and-conditions. Amplifon, 89-91 Peters Avenue, Mulgrave, VIC, 3170.