

Patient Name

Appointment Date Time

AUDIOLOGICAL ASSESSMENT / REHABILITATION

- | | | | |
|-----------------------|--|-----------------------|----------------------------|
| <input type="radio"/> | Hearing Test
(PTA, impedance, speech) | <input type="radio"/> | Cochlear Implants |
| <input type="radio"/> | Hearing Aids
(Private and Government) | <input type="radio"/> | Bone Anchored Hearing Aids |
| <input type="radio"/> | Lyric - Extended Wear Hearing Aid | <input type="radio"/> | Tinnitus Consultation |
| | | <input type="radio"/> | Wax Removal |

Symptoms and comments

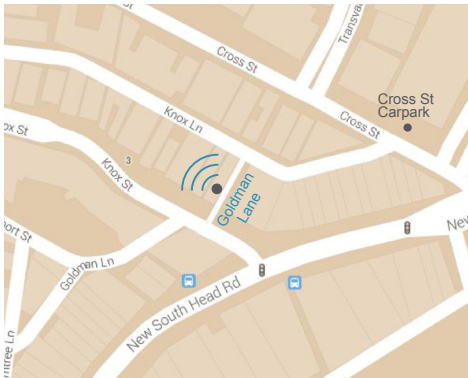
Referring Doctor Date

Address

Doctors, please ensure patients ears are free of wax.

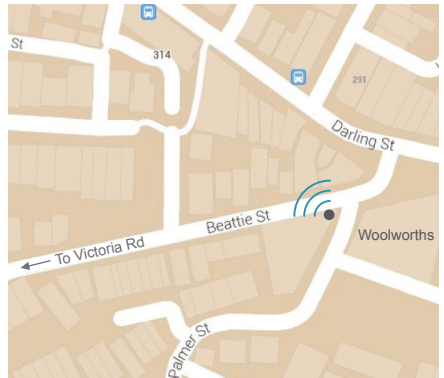
DOUBLE BAY

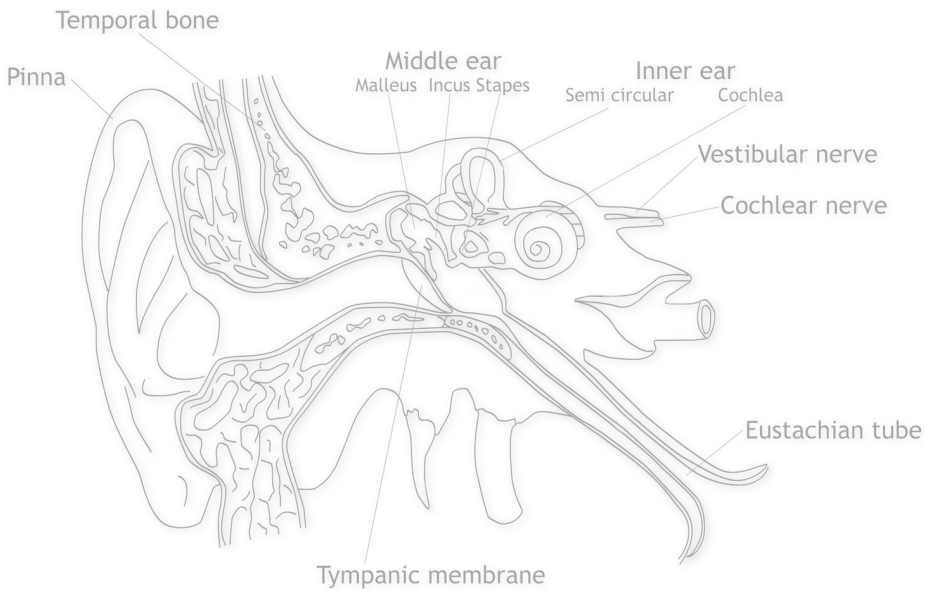
4/5 Knox Street, Double Bay NSW 2028
(Enter via Goldman Lane pedestrian mall)



BALMAIN

GF 6/2 Beattie Street, Balmain NSW 2041
(Opposite Woolworths carpark)





Doctors, please ensure patients ears are free of wax.