

685 Sheppard Ave. E. Suite 402  
North York, ON M2K 1B6  
Phone: 416.398.5050 Fax: 416.398.6262

# Referral Form

Referring Physician: \_\_\_\_\_ Billing No.: \_\_\_\_\_

Dr. Phone: \_\_\_\_\_ Dr. Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB (d/m/y): \_\_\_\_\_

Patient Phone (Preferred): \_\_\_\_\_ OHIP & Version Code: \_\_\_\_\_

Patient Address: \_\_\_\_\_

## Reason for Referral

- Hearing Test (Battery of tests will vary according to age)
- Auditory Brainstem Response Test
- Tinnitus Assessment and Counselling (private pay)
- Hearing Aid Consultation
- Hearing Aid Check and Repair
- Custom-made Noise and Swimplugs
- Other \_\_\_\_\_

Please specify any special considerations (e.g. developmental concerns, etc):

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Please note: There are 4 onsite Ear Nose & Throat physicians. If the patient also requires an ENT consult, a referral note may be faxed to 416.499.9392. The onsite ENTs are Dr. Everton Gooden, Dr. David Goldfarb, Dr. Manish Shah, Dr. Thileep Kandasamy.

THANK YOU FOR THE REFERRAL!!