Hauck Hearing Centre

Hauck Hearing Centere
780-672-4808
Fax: 780-672-9967

Patient Name:

Date: _____ / _____ / _______

Patient's Phone # :

Reason for Referral

- ☐ Audiometric Evaluation
- ☐ Tympanometry
- ☐ Hearing Aid Consultation
- ☐ Hearing Protection
- ☐ Other

Comments:

Signed by: Dr. ______________________________ ______________________________
(PLEASE PRINT) (SIGNATURE HERE)

at____
(CLINIC LOCATION)

A report will be sent to the above referring physician

www.hauckhearingcentre.com
hauckcam@hotmail.com

5015 49 St.
Camrose, AB
T4V 1N8