

Medical Referral Form

Your partner in hearing health



Patient Details

Name _____ DOB _____

Address _____

Suburb _____ State _____ Postcode _____

Phone _____ Email _____

- **Free Hearing Check¹**

A free 15-minute hearing screening recommended for all adults over the age of 18 years to determine if hearing loss is present.

Hearing Assessment

Free Hearing Check¹

Referrer Details *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 _____ Date _____

Terms and conditions - 1. Free hearing checks available for everyone 18 years and over. Amplifon, 89-91 Peters Avenue, Mulgrave, VIC, 3170.