

Date:

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Patient's name:

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Date of birth:

Phone Number:

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Appointment Date:

Time:

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### Audiology

- Hearing Evaluation / Possible Hearing Loss
- Hearing Aid Assessment
- Tinnitus
- Vertigo / Balance Issues

### Otolaryngology

- Consultation as indicated by Audiology Exam

Comments:

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The patient has been referred to the Audiologists and Otolaryngologists associated with Hearing Institute of Ontario

Referring Physician:

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Tel:

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- Oakville**  
1011 Upper Middle Rd E, Unit A6  
Oakville, ON L6H 4L2  
P: 905-338-6363  
F: 289 351-3039

- Mississauga**  
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