

# Medical Centre Hearing Services

707 Charlotte Street, Peterborough, ON K9J 7B3

Phone: (705) 876-4555 Fax: (705) 876-4551

## AUDIOLOGY

Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Physician No.:

Patient Information: \_\_\_\_\_

Date of Birth:

Address:

Phone No:

Insurance No:

Reason for Referral:

---

Appointment Date & Time:

Signature \_\_\_\_\_

---

or

Not yet booked- Audiology to call patient with booking