



Hear Life... Out Loud!

www.calgaryhearingaid.ca

REFERRAL RECOMMENDATION

Date: _____

Referral To: **Calgary Hearing Aid & Audiology**

(Please see locations below)

Referring Health Provider:

CLINIC: _____

PHYSICIAN: _____

Regarding Patient:

PATIENT NAME: _____

ADDRESS: _____

PHONE: _____

PHN: _____

DOB: _____

Hearing Concerns:

- ☐ DECREASED HEARING (R / L)
☐ TINNITUS (R / L)
☐ HEARING AID TRIAL

- ☐ DIZZINESS/VERTIGO
☐ CHRONIC EAR INFECTION (R / L)
☐ HISTORY OF HEAD TRAUMA

COMMENTS: (Please specify for Pediatric Assessment – Saturdays @ Marlborough)

MARKET MALL PROFESSIONAL BUILDING

#130 – 4935 40 Avenue NW

Calgary, AB T3A 2N1

Ph: (403) 202-0700 Fax: (403) 247-0803

HERITAGE PROFESSIONAL CENTRE *

#100 – 8180 Macleod Trail S

Calgary, AB T2H 2B8

Ph: (403) 252-4879 Fax: (403) 252-3207

MARLBOROUGH PROFESSIONAL BUILDING

#230 – 433 Marlborough Way NE

Calgary, AB T2A 5H5

Ph: (403) 262-2839 Fax: (403) 207-5855

SUNTERRA WEST

#432 – 1851 Sirocco Drive SW

Calgary, AB T3H 4R5

Ph: (403) 215-3662 Fax: (403) 240-3611

With one location in Strathmore!

Email: info@calgaryhearingaid.com
Website: www.calgaryhearingaid.com

*Accepting all patients over the age of 5.

*Pediatric hearing test available by Audiologist for children age 5-18.

*Hearing test fees may be applicable