

Audiological Referral Form

Electronic version available at audika.com.au/refer-a-patient



Patient information:

Title:

Full name:

Patient type:

Private

Pensioner

Details of referring Medical Practitioner:

Title

First name:

Surname:

Medicare Provider Number:

Address:

State: Postcode:

Telephone Number:

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Email Address:

Appointment required:

- Full Hearing Assessment (& report) Hearing device discussion
- Pre-employment check Preliminary hearing screening (no report required)
- Other (please specify) _____

Medical Practitioner's Signature: (Please print referral form to sign and date below)

_____ Date: / /

Once completed by your Medical Practitioner simply call **1800 753 164** to book a consultation and to discuss our fully government subsidised* hearing tests. Please bring this completed form with you on or before the date of your appointment.

*Conditions apply under the Australian Government Hearing Services Program. Applies to adults over 26 years only. Audika values your personal information in accordance with our privacy policy. Visit www.audika.com.au/privacy-policy for more information.

audika.com.au