



#103, 9625 97 St. | Grande Prairie, AB | T8V 8B9

Audiological Assessment:  
Confidential Patient Referral Form for Physicians  
Patient/physician sticker:

Reason for Referral:

- ☐ Audiometric Evaluation incl. Tympanometry
- ☐ Hearing Aid Consultation
- ☐ Hearing Protection/Custom Earmolds
- ☐ Other:



Thank you for trusting us to see your patients with care and kindness.

We will send a report to your office following  
the patient's appointment.

Please note that we do not see pediatrics at this location.

Ph: (780) 533 - 3444

Fax: (780) 533 - 2265

Please fax, or scan & email to:  
[info@northstarhearing.ca](mailto:info@northstarhearing.ca)