

# Patient Referral Form

Name	DOB	
Address		
Telephone	Email	
Pension No	DVA No	Private Health Fund

## Appointment Required

### Hearing and Tinnitus

- Hearing Assessment  
*incl. Item 82315 | Air & Bone Conduction Audiogram & Speech Audiometry*
- Hearing and Tinnitus Assessment  
*incl. Item 82315 | Air & Bone Conduction Audiogram & Speech Audiometry*

### Balance (Subiaco only)

- Diagnostic Vestibular Assessment
  - incl. ECochG Assessment*
  - incl. BPPV Assessment*
  - incl. Superior Canal Dehiscence/ Fistula Assessment*

### Hearing Implants

- Cochlear Implant Assessment
- Other Hearing Implant Assessment

### Hearing Aids

- New / Replacement
- Hearing Aid Adjustment

### Other Services

- WorkCover assessment
- Wax microsuction
- Custom ear plugs
  - Noise
  - Musician
  - Swim

Medicare, Hearing Services Program and DVA funding available. Call us for eligibility information.

Referring Doctor	Symptoms and Comments
Provider number	
Address	
Telephone	Date

## How to book your appointment

**CALL** 1300 847 395    **ONLINE** lionshearing.org.au    **EMAIL** book@lionshearing.org.au



www.earscience.org.au | ABN 48 804 903 003

Scan the QR code to find your nearest clinic

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