



MARKHAM HEARING CENTRE

Box Grove Medical Arts Centre
110 Copper Creek Drive, Suite 105
Markham, Ontario L6B 0P9

Ph: (905) 471-4479 Fax: (905) 472-5436
info@markhamhearing.ca markhamhearing.ca

Date: _____

Patient Name: _____

Date of Birth (yyyy,mm,dd): _____

Patient Phone No: _____

Referring Physician & Billing No. _____

REASON FOR REFERRAL:

- | | |
|--|---|
| <input type="checkbox"/> School Difficulties | <input type="checkbox"/> Tinnitus |
| <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Possible Hearing Loss |
| <input type="checkbox"/> Speech / Language Delay | <input type="checkbox"/> Hearing Aid Assessment |
| <input type="checkbox"/> Vertigo | <input type="checkbox"/> Other |

Remarks: _____

Book ENT referral if required

Physician Signature: _____

Check here if more referral pads are needed



Markham
Stouffville

Hwy 7 East

9th Line

Hwy-407 Etr

Markham Rd.



**Box Grove
Medical Arts Centre**

110 Copper Creek Drive
near the corner of Hwy 407 & 9th line

Copper
Creek Dr.

Oakborough Dr.

Rizal Ave.

14th Avenue

Box Grove Byp.