

Audiology Referral



Heather Prentice

Audiologist | 4577512X
BA, DipAud, MAudSA (CCP)

Inner West Hearing Clinic

Paediatric & Adult Specialist

Patient Name: _____ D.O.B. _____

Referring Doctor: _____ Provider No: _____

Address: _____

Comments: _____

Signature: _____ Date: _____

Please indicate all services required:

Audiometry:

☐ VROA* (6mths - 3yrs) - Air Conduction
& speech if appropriate
☐ + OAE's^

☐ Play (3yrs+) - Air, Bone, Speech
☐ + OAE's^

☐ Pure Tone (7yrs/Adults) - Air, Bone,
Speech
☐ + OAE's^

☐ Tympanometry (Ind. reflex screen)

☐ Stapedial Reflexes

☐ Otoacoustic Emissions for child
considered at risk (item #82332)

☐ Auditory Processing Assessment (6yrs+)

Custom Earmoulds

☐ Swim Plugs ☐ Musicians ☐ Noise

☐ Hearing Aid discussion / assessment

^Otoacoustic Emissions - Distortion Product

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