



North York (Don Mills)

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Addressograph

Please fax referral to 416-510-1288 or audiologist@backtohearing.ca

Referring Physician:

(Please print name)

Reason for Referral:

- ☐ Hearing Test
- ☐ Hearing aid(s)
- ☐ Cerumen Management
- ☐ Tinnitus
- ☐ Other _____

Physician Comments: