Refer your patient to Dilworth Hearing

DILWORTH HEARING
Trusted by patients. Referred by GPs.

NAME: _____

ADDRESS: _____

_____

PHONE: _____ DATE OF BIRTH: _____

REFERRED FOR

- ☐ Hearing assessment
- ☐ Tympanometry (only)
- ☐ Hearing aid assessment and fitting
- ☐ Tinnitus/Hyperacusis assessment
- ☐ Auditory Brainstem Response (ABR)
- ☐ Child hearing testing (age 0-6 mths)
- ☐ Child hearing testing (6 mths – 3 yrs)
- ☐ Child hearing testing (3 yrs and above)
- ☐ Auditory Processing testing
- ☐ Other

Clinical comments: _____

_____

Doctor's name: _____

A full diagnostic hearing test makes all the difference

For more information or to book an appointment for your patient,

visit www.dilworth.co.nz, phone 0800 345 967 or email info@dilworth.co.nz.