

## **APPLICANT DETAILS**

Family Name	
Given Name/s	Date of Birth
MEDICAL PRACTITIONER CE	RTIFICATION
Medical Practitioner Name	
Medicare Provider Number	Contact Number
Medical Practitioner Stamp (Must include Medicare Provider N	umber)

COMPULSORY FOR PENSIONER APPLICATIONS

Are there contraindications to the fitting of a hearing device?

YES (may still be eligible for other hearing services)

Medical Practitioner's Signature

Date\* (dd/mm/yyyy)

FAX: 03 5244 5760

EMAIL: admin@waurnpondshearing.com.au

## Tests required / reason for referral:

- Hearing test Adult
- Paediatric Hearing test (3-18 years old)
- Pensioner hearing test and hearing aids if required (General Practitioner signature required)
- Baseline hearing test
- ENT Medicare review 82315/82327 (ENT signature required)
- GP care plan test (item 10952)
- Tinnitus consultation, assessment and counselling
- Eustachian Tube dysfunction
- Wax removal
- Custom noise, swim or musicians plugs
- Other: .....

## Get in touch...

Fiona Sutherland, Audiologist BA, Dip Aud, MAudSA (CCP)

## **NEW** clinic location:

97 Pioneer Road, Grovedale VIC 3216

Postal: PO Box 3131, Waurn Ponds VIC 3216

info@waurnpondshearing.com.au

WaurnPondsHearing.com.au

