

Patients' Name: \_\_\_\_\_ DOB \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ PN: \_\_\_\_\_

**Please Note:**

An accompanying application form signed by the referring doctor is required for free Hearing Assessments and Hearing Aids intended for Age, Disability Pensioners or Veterans.

**Adult Requirement**

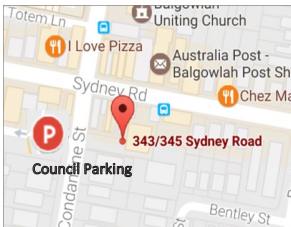
- Diagnostic Hearing Test
- Private Hearing Aid Fitting
- Tinnitus Assessment
- Custom Earplugs
- WorkCover/OHS/DVA/Defence Force/Police Force, Hearing Assessment

Other: \_\_\_\_\_

**Child Requirement**

- Visual Reinforcement Orientation Audiometry (VROA ), 9 months to 3 years
- Paediatric Hearing Assessment, from 3 years
- Central Auditory Processing Disorder (CAPD), from 7 years of age
- Listening in Spatialized Noise - Sentences
- Children's Earplugs

**Two Locations**



**Balgowlah**

Shop 4, 343-345 Sydney Road  
Balgowlah NSW 2093



**Pymble**

951-957 Pacific Highway  
Pymble NSW 2073