

MELODY

AUDIOLOGY & HEARING CLINIC

t| 780.784.1349 f| 587.410.6910 www.melodyaudiology.com

Patient Name: _____

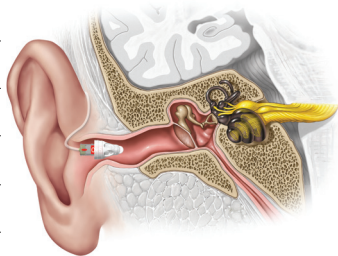
Date of Birth: _____ Date: _____

AHC #: _____ Phone #: _____

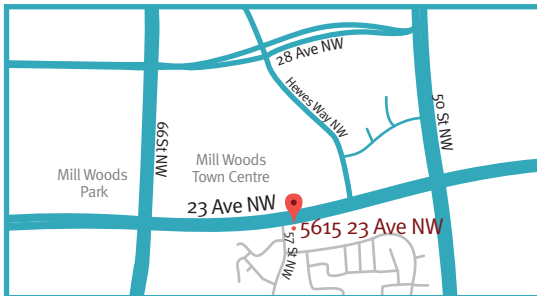
Reason for Referral:

- | | |
|--|---|
| <input type="radio"/> Hearing test | <input type="radio"/> Custom ear protection |
| <input type="radio"/> Tympanogram | <input type="radio"/> Clean and check of current hearing aids |
| <input type="radio"/> Hearing aid consultation | <input type="radio"/> Other: _____ |

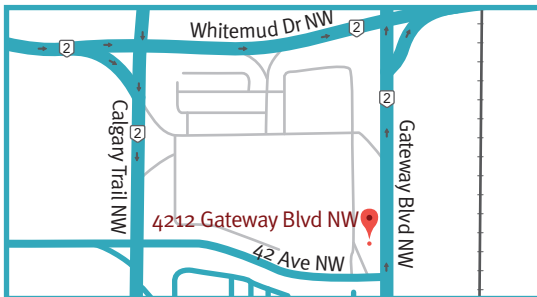
Comments: _____



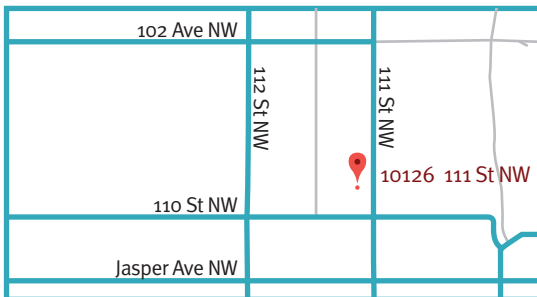
Referred by Dr. _____



5615 23 Ave NW,
Edmonton, AB
T6L 7B9
Beyond Vision
Optometry and Hearing



4212 Gateway Blvd NW
Unit 2
Edmonton, AB
T6J 7K1
Inside Aria MD
Sleep Centre



10126 111 St NW,
Edmonton, AB
T5K 1K6