

○ **CALGARY**

**Tel:** 403-270-7425  
**Fax:** 403-270-7435  
803 1 Avenue NE  
Calgary, AB

○ **GRANDE PRAIRIE**

**Tel:** 780-538-2744  
**Fax:** 780-538-2016  
102, 10712 100 Street  
Grande Prairie, AB

○ **HIGH RIVER**

**Tel:** 403-652-7721  
**Fax:** 403-652-3091  
120 4<sup>th</sup> Avenue SW  
High River, AB

○ **LETHBRIDGE**

**Tel:** 1-866-402-5552  
**Fax:** 403-270-7435  
1274 3<sup>rd</sup> Avenue S  
Lethbridge, AB

**DATE:** \_\_\_\_\_

## REFERRAL FORM

Patient Name: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_ Guardian Name: \_\_\_\_\_  
(If Applicable)

D.O.B. \_\_\_\_\_ PHN: \_\_\_\_\_

## AUDIOLOGY

*Soundwave is a fee-for-service clinic; some services may be covered by 3rd party insurance companies*

- |   |                           |
|---|---------------------------|
| ○ Complete Diagnostic Hearing Assessment    | ○ Hearing Aids            |
| ○ Industrial/Employment Hearing Screening   | ○ Custom Noise Plugs      |
| ○ Auditory Processing Assessment/Therapy    | ○ Custom Swim Plugs       |
| ○ Tinnitus & Hyperacusis Assessment/Therapy | ○ Custom Musician Filters |

Physician Name (Print): \_\_\_\_\_

Physician Signature: \_\_\_\_\_

**NOTES:**

**PHYSICIAN STAMP/FAX:**