

# House of Hearing Referral Form



House of  
Hearing

Mackenzie Health Hospital  
Fracture Clinic  
10 Trench St. Richmond Hill, ON L4C 4Z3  
T: 905 763 0460 F: 905 832 9941  
info@houseofhearing.ca www.houseofhearing.ca

## Referring Physician / Health Professional

Referring Physician Name:

Phone Number:

Fax Number

---

## Patient Information

Name:

Date of Birth:

Phone Number:

---

## Reason For Referral

Hearing Test

Hearing Aids

Tinnitus

Earwax Removal

Custom Earplugs

Other Information

Please fax your completed form to **905 832 9941** or email to [info@houseofhearing.ca](mailto:info@houseofhearing.ca)