

Hearing Sense Referral

Patient Name: _____ Date of Birth: _____

I would like to refer my patient for:

- Free Hearing Assessment
- Hearing Aid Discussion
- Pensioner/ Veteran FREE test and FREE hearing aids
- Diving/ Aviation Test
- Pre/Post employment
- WorkCover claim
- Custom ear protection
- Swim plugs

Clinical Notes:

GP Name: _____ Date: _____

GP Clinic: _____



You will be seeing Pavel Korcek or Kelly-Mare Korcek for your appointment.

Please call us on **8331 8047** to arrange a time. We look forward to seeing you.

Norwood – 210A The Parade, Norwood
Salisbury – 16 John Street, Salisbury