

Audiology Referral



Heather Prentice

Audiologist | 4577512X
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Inner West Hearing Clinic

Paediatric & Adult Specialist

Patient Name: _____ D.O.B _____

Referring Doctor: _____ Provider No: _____

Address: _____

Comments: _____

Signature: _____ Date: _____

Please indicate all services required:

Audiometry:

- VROA* (6mths - 3yrs) - Air Conduction & speech if appropriate
 - + OAE's[^]
- Play (3yrs+) - Air, Bone, Speech
 - + OAE's[^]
- Pure Tone (7yrs/Adults) - Air, Bone, Speech
 - + OAE's[^]
- Tympanometry (Ind. reflex screen)
- Stapedial Reflexes
- Otoacoustic Emissions for child considered at risk (item #82332)
- Auditory Processing Assessment (6yrs+)
- Custom Earmoulds
 - Swim Plugs
 - Musicians
 - Noise
- Hearing Aid discussion / assessment

[^]Otoacoustic Emissions - Distortion Product

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