

**Munk Hearing Centre
Toronto General Hospital
7NU 820 - 200 Elizabeth Street, M5G 2C4
Tel: (416) 340-4800 ext. 7067 Fax: (416) 340-5149**

Addressograph

Appointment Information (for MUNK office use only):

Date: _____

Time: _____

1. Referring Physician (please include billing #):

Provisional Dx and comments:

(Please print name and billing #)

2. Please indicate the following (for physician):

a) Cerumen management required? Yes No

3. Audiometric Evaluation

- Standard audiogram (hearing test)
Patient must bring valid health card
- Threshold-evoked potentials (cortical hearing test)
Patient must bring valid health card
- Hearing aid and related services (**fee for service**):
 - Hearing aid evaluation and selection*
* Recommended if hearing loss is suspected or if patient is interested in pursuing hearing aids
 - Hearing aid check
 - Swim plugs
 - Musician plugs
 - Sleep Plugs
- Tinnitus counselling (**fee for service**)

Physician notes:

NOTES (for MUNK office use only):