Hearing New England Pty Ltd

ABN: 57 139 167 374

Diagnostic Audiology Services Referral To: **Audiologist:** Leanne Betterridge BA, Dip Aud, MAAL, MAudSA (CCP)

Medicare Provider Number: 4347131A

Hearing Centre Contact Details

Unit 3, 113 Faulkner St (access from Rusden St car park only)

ARMIDALE NSW 2350

Patients please phone to make an appointment with our office on: **02 6772 8382**

Patient's details

Title: _____ First name: _____ Surname: _____

Date of Birth: / / Gender (please circle): Male/ Female

Postal Address: _____

_____

Phone Number(s): _____

Reason for referral: _____

_____

Pure Tone Audiometry (PTA) Items requested (Please tick one of the PTA Medicare items if required);

- **Item # 82315** Air **and** Bone Conduction Audiogram **and** Speech discrimination
- **Item # 82312** Air Conduction **and** Bone Conduction Audiogram (**OR)** Air Conduction **and** Speech discrimination

Middle Ear Assessment Items requested (Please tick one of the Impedance Medicare items if required);

- **Item # 82327** Impedance: Involving Tympanometry & measurement of static compliance & acoustic reflex (requested in association with PTA items 82315 or 82312 above)
- **Item # 82324** Impedance: Involving Tympanometry & measurement of static compliance & acoustic reflex (requested NOT in association with Items 82315 or 82312 above)

Please ensure patient's ear canals are clear of wax/debris before Audiology appointment

Name of Referring Specialist (please print):_____

Type of Specialist (please print):_____

Provider Number :_____

Postal Address :_____

Signature: _____ Date of referral: / /

Medicare rebates only available for referrals made by Ear Nose and Throat Specialist or Neurologist