Edmonton Ear Clinic
Audiology Department

137, 501 Bethel Drive
Synergy Wellness Centre
Sherwood Park, AB T8N 0N2

Tel: 780-220-5494
Fax: 780-570-5493
Email: Admin@Edmontonearclinic.com

Patient Information: Date: ___________________________________

PATIENT LABEL HERE

Referral Information

- ☐ Routine Audiogram and Tymp
- ☐ Urgent or Semi urgent. Please provide a preferred timeline___________________________
- ☐ Sudden Hearing Loss. When did the loss occur? ___________________________________
  Prednisone? ____
- ☐ PreOP or PostOP. What surgery & when? _____________________________________

Please check off any of the following that apply:

- ☐ Tympanic Membrane Perforation
- ☐ Asymmetric loss (Left OR Right)
- ☐ Dizziness
- ☐ Tinnitus
- ☐ Otalgia
- ☐ Pressure/Fullness
- ☐ Discharge/Otorrhea/Ear Infection
- ☐ Other information we should be aware of

***If possible, please include any previous audiograms.

Referral Source

Name:	Location:	
PracID:	Phone:	Fax: