

**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):**