HEARING & TINNITUS REFERRAL

Thank you for referring your patient. We will evaluate, treat as appropriate, and send a consultation report with our findings and recommendations.

Please fax completed referrals to (928) 352-8044

Patient Information

Patient Name: _____

DOB: _____ Phone: _____

Please Evaluate For

☐ Hearing Evaluation

☐ Hearing Aids

☐ Hearing Aid Adjustment

☐ Hearing Aid Repair

☐ Evaluate and treat as appropriate

☐ Tinnitus Evaluation

☐ Tinnitus Treatment

☐ Hyperacusis / Sound Sensitivity

☐ Custom Ear Protection

☐ Other: _____

Referring Provider

Provider: _____ Practice: _____

Phone: _____ Date: _____

Signature: _____

Copper Sky Hearing & Tinnitus

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F: (928) 352-8044
E: info@copperskyhearing.com
W: CopperSkyHearing.com

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Bullhead City, AZ 86442