



Patient Name:  Date of Birth:   
Address:

**Referring Doctor**

Name:  Provider Number:   
Address:  Signature:   
Date:

**Hearing tests**

- Standard hearing assessment (3y to adult)
- Paediatric hearing assessment (6m - 3 y)

**Objective auditory tests**

- Otoacoustic Emissions (OAEs)
- Auditory Brainstem Response (ABR)
- Cortical Evoked Response Audiometry (CERA)
- Electrocochleography (ECoChG)

**Hearing implant services**

- Hearing implant candidacy assessment (including hearing assessment)
- Programming and aftercare of a hearing implant

**Hearing and hearing protection devices**

- Hearing aid assessment / fitting / adjustment
- Custom ear plugs (noise / swim)

**Vestibular tests**

- Video Head Impulse Test (vHIT)
- Vestibular Evoked Myogenic Potentials (cVEMP and oVEMP)
- Videonystagmography (VNG)
- Caloric test (bithermal air)

**Clinical Notes**

