A1 Affordable Hearing

All Makes All Models

PHYSICIAN/SPECIALIST REFERRAL FORM

WHO REFERRAL IS COMING FROM

Company name: XXXX

Name of physician/specialist referring: XXXX

Date of referral: XXXX

Reason for referral: XXXX

PATIENT BEING REFERRED

Full name: XXXX

Date of birth: XXXX

Sex: XXXX

Home address: XXXX

Phone number: XXXX

Current hearing aid user? YES or NO

*Please note: to schedule appointments quickly, your office may call 252-689-6020 and we can schedule the patient before they leave your facility. Please call our office **BEFORE** faxing any documentation.

Jay Nichols, Owner

A1 Affordable Hearing

Phone: 252-689-6020 | Fax: 252-689-6029 | Email: jnuearnc@gmail.com

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