

**Fax: (807) 274-1144**



HEARING CENTRES **Fort Frances**

Senic River Mall  
Unit 5 130 Second Street East  
Fort Frances, ON P9A 1M5  
Phone: (807) 274-4533  
Fax: (807) 274-1144  
Toll Free Fax: 1-877-804-1144

**REFERRAL FOR:**

Client Surname (Please Print): \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Client Given Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Client Phone Number: \_\_\_\_\_

**PHYSICIAN INFORMATION**

(Required for all patient referrals)

Physician Name (Please Print): \_\_\_\_\_

Physician / Nursing Station Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**COVERAGE INFORMATION**

(Complete if applicable)

Workplace Safety & Insurance Board \_\_\_\_\_ WSIB Claim #: \_\_\_\_\_

Department of Veterans Affairs \_\_\_\_\_ DVA Claim #: \_\_\_\_\_

Assisted Devices Program \_\_\_\_\_ ADP Claim #: \_\_\_\_\_

Treaty/Status \_\_\_\_\_ 10 Digit NIHB #: \_\_\_\_\_

Reason for referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_