

**Fax: 1-204-786-1307**



Mailing Address:  
Enhanced Hearing Centre  
4th Floor, 450 Portage Avenue  
Winnipeg, MB R3C 0E7

Clinic Address:  
Flin Flon Medical Centre  
31 Church St. Lower Level  
Flin Flon, MB R8A 1K6  
Phone: (204) 687-8938  
Toll Free: 1-866-802-0818

**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)

Workers Compensation \_\_\_\_\_ WCB Claim #: \_\_\_\_\_

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

Income & Economic Security \_\_\_\_\_ ECSEC Claim #: \_\_\_\_\_

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

Reason for referral:

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