

**Fax: 1-800-346-7442**



Mailing Address:  
Enhanced Hearing Centre  
Unit 7-380 Stonebridge Crossing  
Steinbach, MB R5G 2R1

Clinic Address:  
401-79 Selkirk Avenue  
Thompson, MB R8N 0M5  
Toll Free: 1-800-346-7385  
Fax: 1-800-346-7442

**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:

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