

REQUEST FOR CONSULTATION

Alex	LAST NAME FIRST NAME MIDDLE NAME
Ajax	ADDRESS APARTMENT No.
	CITY PROVINCE POSTAL CODE
Hearing Centre	HOME TELEPHONE OTHER TELEPHONE
REQUEST FOR CONSULTATION	() () EMAIL:
Ajax Hearing Centre 300 Rossland Rd. East, Suite 203	DATE OF BIRTH (DD/MM/YY) SEX ☐ MALE ☐ FEMALE
Ajax, ON L1Z 0M1	HEALTH CARD No. VERSION CODE
Tel: 289-608-8440 Fax: 289-608-8441	- -
Email: ajhcentre@gmail.com www.hearingandbalancecentre.com	REFERRING PHYSICIAN

APPOINTMENT DATE	TIME		
ANGUAGE SPOKEN:			
DIAGNOSIS / REASON FOR REFERRAL:	□ AUDIOLOGY	□ ENT	

 $\hfill \square$ PROCEDURES REQUESTED (Battery of tests may vary according to the age and primary concern)

 ☐ Hearing Test ☐ Pediatric Hearing Test (>5 yrs) 	DIZZY TEST BATTERY **New** Includes the tests below
Audio/Sound Field/Impedence/Screening OAE □ OAE (Otoacoustic Emissions) □ Cerumen Removal* □ Tinnitus Assessment (Audio/ABR/VEMP) □ Tinnitus Management* □ ABR (Auditory BrainStem Response)	 □ Advanced Diagnostic Hearing Tests (includes ABR) □ EcochG (Electrocochleography) Meniere's Disease/Labrynthine hydrops □ cVEMP (Cervical Vestibular Evoked Myogenic Potentials)
site of lesion/thresholds ☐ HAE (Hearing Aid Evaluation)* ☐ HAC (Hearing Aid Check)* *Charge applies	 oVEMP (Ocular Vestibular Evoked Myogenic Potentials) ENG (Electronystagmography)**New** <i>Please see reverse for instructions.</i>
(i)	

SPECIAL INSTRUCTIONS

- ♦ Pediatric Testing: An adult is required to accompany children under 5 years of age into the testing room and any other young children are not to be left unattended.
- ♦ Location: Please see reverse for details.
- ♦ Patients arriving late or without a valid health card may be rescheduled.
- ♦ Kindly give at least 24 hours notice for cancellations.



Tel: 289-608-8440

Directions:

Ajax Hearing Centre is located at the North East side of Salem and Rossland Rd. E in a newly built Medical Building.

Ajax Hearing Centre

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LOCATION



VNG/ENG (Electronystagmography/Videonystagmography)

INSTRUCTIONS:

Please do not eat for three hours before the ENG/VNG test and keep liquids to a minimum. IF YOU ARE DIABETIC, EAT A LIGHT MEAL AND DO NOT SKIP ANY MEALS. For 24 hours prior to your appointment, refrain from taking sedatives, tranquilizers, sleeping pills, anti-depressants, pain, cold or allergy medication, drugs for nausea or dizziness and alcoholic beverages as they may adversely affect the test results. If you are on any medications for heart, blood pressure, thyroid, cholesterol, diabetes or epilepsy, continue these as usual. Please refrain from applying moisturizer or make up to your face before your test. Due to the fact that some patients may experience prolonged dizziness or nausea after the test is completed, it is recommended that you have someone drive you home after the test if possible. Please check in at least 10 minutes early.

Hearing aids are our strength and providing a high quality of patient care is our number one priority. We follow strict guidelines set out by the licensing body of Audiologists to prescribe hearing aids as needed. We work with all manufacturers and a have a standard follow up program to ensure our patients are satisfied and can hear optimally.

