

# REQUEST FOR CONSULTATION



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BALANCELAB.CA

564 BELMONT AVE. W.  
UNIT 200  
KITCHENER, ON N2M 5N6

LAST NAME

FIRST NAME

DATE OF BIRTH (MM/DD/YYYY)

SEX

M

F

Other

PHONE

ALT. PHONE

EMAIL

ADDRESS

HEALTH CARD NO. & VERSION CODE

REFERRING PRACTITIONER

PROVIDER BILLING #

SERVICES REQUESTED

**Labyrinthine Function Studies<sup>1</sup>**

OR

**Audiogram ONLY**

+

**Request ENT Consult<sup>3</sup>**

**Private Pay Services**

**Cerumen Removal**

**Tinnitus Management<sup>2</sup>**

PROVIDER'S NOTES

<sup>1</sup>Includes audiogram, VEMP, VNG and vHIT as indicated.

<sup>2</sup>Tailored cognitive behavioural therapy based intervention for the management of chronic tinnitus distress.

<sup>3</sup>In case of a request for ENT consult, patient will be referred to an otolaryngologist affiliated with BalanceLab as indicated.

<sup>4</sup>Canalith repositioning treatment will be performed and/or patient will be referred for vestibular rehabilitation therapy as indicated.

\*Please provide a copy of relevant consult notes, previous audiogram(s) and other relevant studies whenever possible.

**FAX TO 519 208 2520**