

REQUEST FOR CONSULTATION



ANTON CHARKO, AUDIOLOGIST
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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

OHIP BILLING #

SERVICES REQUESTED

Labyrinthine Function Studies¹

OR

Audiogram ONLY

+

Request ENT Consult³

Private Pay Services

Cerumen Removal

Tinnitus Management²

PROVIDER'S NOTES

¹Includes audiogram, VEMP, VNG and vHIT as indicated.

²Tailored cognitive behavioural therapy based intervention for the management of chronic tinnitus distress.

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

⁴Canalith 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