



## INDEPENDENT AUDIOLOGISTS

### PATIENT DETAILS

Family Name

Given Name/s

Date of Birth(dd/mm/yyyy)

Contact Number

### SERVICES REQUESTED

- Microsuction cerumen removal  
*(not billable under Medicare, \$60 per ear)*
  - Full assessment of inner/middle ear function  
*(suitable for adults & older children)*
    - 82315 Air/bone/speech audiometry
    - 82324 Impedance audiogram
    - 82332 Oto-Acoustic emissions
  - Hearing rehabilitation / aid evaluation  
*(FULLY SUBSIDISED services available to eligible concession card holders)*
  - Inner/middle ear response  
*(suitable for younger children)*
    - 82309 Air conduction audiogram
    - 82324 Impedance audiogram
    - 82332 Oto-Acoustic emissions
  - Custom music/noise/swim plugs
-   Add-on Microsuction cerumen removal  
*(50% discount to patient with above assessment)*
- Add-on Tinnitus consultation

### MEDICAL PRACTITIONER CERTIFICATION

Medical Practitioner Name

Stamp

Medical Provider Number

Contact Number

Medical practitioner's signature

Date(dd/mm/yyyy)

Are there contraindications to the fitting of a hearing device?

- No  Yes (may still be eligible for other hearing services)

