



FidelityHearingCentre



INDEPENDENT AUDIOLOGISTS

PATIENT DETAILS

Family Name

Date of Birth (dd/mm/yyyy)

Given Name/s

Contact Number

Medicare no

Position on card

SERVICES REQUESTED

- ☐ Microsuction cerumen removal
(not billable under Medicare, \$99 per session)
- ☐ Comprehensive assessment of inner/middle ear function
82315 Air/bone/speech audiometry
82324 Impedance audiogram
82332 Oto-Acoustic emissions
- ☐ Cochlear implant assessment and programming
11302 Unilateral BC/CI Programming
- ☐ Hearing rehabilitation / device evaluation
- ☐ Inner/middle ear response
(suitable for younger children)
82309 Air conduction audiogram
82324 Impedance audiogram
82332 Oto-Acoustic emissions
- ☐ Tinnitus consultation
- ☐ Custom music/noise/swim plugs

MEDICAL PRACTITIONER CERTIFICATION

Are there contraindications to the fitting of a hearing device?

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

Medical Practitioner Name

Medical Provider Number

Contact Number

Medical practitioner's signature

Stamp

Date(dd/mm/yyyy)

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Text us!
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