



Tasman Audiology lutruwita

Ms Gill Baker & Mr Damian Haeusler

Consultant Audiologists specialising in hearing implants

Referral for Cochlear Implant Candidacy Assessment

Referral to:

Date of referral: (DD/MM/YYYY) _____

Dr Simone Boardman

ENT Specialist
77 Elphin Road
Newstead TAS 7250
Medicare Provider Number:
214845JB

AND

Mr Damian Haeusler and Ms Gill Baker
Consultant Audiologists
Tasman Audiology (co-located with ENT South)
Unit 5, 19A Hunter Street, Hobart, TAS, 7000
Provider Numbers: 6572731B (Damian)
6566171B (Gill)

Dear Simone, Gill and Damian,

please accept this referral for the following patient:

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Medicare Number: _____

Address: _____

Best Contact: _____

Reason for Referral:

Cochlear implant candidacy assessment

Other (specify): _____

Referral Urgency:

Routine

Urgent (reason): _____

Referring GP Details:

Name: _____

Provider Number: _____

Practice Name: _____

Practice Details: _____

Signature: _____

Date: _____