■ Vista Primary Care, Naas, Co Kildare

DEEPAK KUMAR

BSH, MD(AM), MSc(ASc), MIAA AUDIOLOGICAL SCIENTIST

73 Lower Leeson Street, Dublin 2				
REFERRAL FORM				
From: Name of GP:	Date of Referral:			
Address:				
Patients Details:				
Name:	DOB:	Gender: M 🔲 F 🔲		
Address:		Tel·		

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THE AUDIOLOGY CLINIC

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Hearing Tinnitus Balance

Mallow Primary Healthcare Centre, Mallow, Co Cork

REFERRAL FORM					
From: Name of GP:	Date of Referral:				
Address:					
Patients Details:					
Name:	_ DOB:	Gender:	M L F L		
Address:		_Tel:			
REASON FOR REFERRAL:			PLACE AN X ON LINE		
REASON FOR REFERRAL: Diagnostic Hearing Assessment (adu	lt/paediatric)		PLACE AN X ON LINE		
	·		PLACE AN X ON LINE		
Diagnostic Hearing Assessment (adu	Test)		PLACE AN X ON LINE		
Diagnostic Hearing Assessment (adu Middle Ear Assessment (Immittance	Test) st) and speech		PLACE AN X ON LINE		
Diagnostic Hearing Assessment (adu Middle Ear Assessment (Immittance Cochlear Function Test (Inner Ear Te SDT, SRT (Test for ability to understa	Test) st) and speech		PLACE AN X ON LINE		
Diagnostic Hearing Assessment (adu Middle Ear Assessment (Immittance Cochlear Function Test (Inner Ear Te SDT, SRT (Test for ability to understa in presence of noise or without noise	Test) st) and speech		PLACE AN X ON LINE		

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