

Please take this form to your G.P for completion

HEARING SERVICES PROGRAM MEDICAL CERTIFICATE

If you require any further information, please contact
The Hearing Clinic, and our friendly staff will be able to assist you.

Family Name / Given Name/s

Pension CRN

Date of Birth

(DD/MM/YYYY)

Medical Practitioner Certification

Medical Practitioner Name

Medicare Provider Number

Medical Practitioner Signature

Contact Number

Date (DD/MM/YYYY)

Are there contraindications to
the fitting of a hearing device?

Yes

No

Medical Practitioner Stamp
(must include Medicare provider Number)