



4828 Market Square Lane

Midlothian, VA 23112

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Consultation Request

Patient's Name: _____

DOB: _____ Referral Date: _____

Physician Name: _____

Physician Address: _____

Phone: _____ Fax: _____

NPI: _____

Reason for Consultation:

Hearing Evaluation/Consultation Hearing Aids

Tinnitus Evaluation

Custom Molds
(Swim/Musician/Hearing Protection)

Physician Signature: _____