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**Thames Hearing Services, Inc.**  
*We Listen.*

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324 Flanders Road • P.O. Box 597 • East Lyme, CT 06333  
(860) 739-1864 • Fax (860) 739-5440 • [www.Thameshearing.com](http://www.Thameshearing.com)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My Patient, \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ is referred  
to **Thames Hearing Services, Inc.** for the following:

- \_\_\_\_ Comprehensive diagnostic audiological evaluation
- \_\_\_\_ Patient suspects decrease in hearing since last tested
- \_\_\_\_ Tinnitus assessment

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Printed Name

NPI #: \_\_\_\_\_

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**Please Return fax to: 860-739-5440**

**Thank you!**