

Medical Clearance for Amplification

he following patient is medically cleared for the use of hearing aid/amplification.
atient Name:
atient DOB:
hysician Name:
MD or DO
hysician Signature:
Pate:

Please Fax back to:

517-669-8070

DeWitt: **517.669.8080** 12775 Escanaba Dr. #3 DeWitt, MI 48820 Fax: 517.669.8070

Haslett: **517.993.5242** 1536 Haslett Road Haslett, MI 48840 Fax: 517.220.4083