

Medical Clearance for Amplification

e following patient is medically cleared for the use of hearing aid/amplification.
tient Name:
tient DOB:
ysician Name:
MD or DO
ysician Signature:
MD or DO
te:

Please Fax back to:

517-220-4083

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

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