



HEARING ASSOCIATES

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Doctors of Audiology

MEDICAL CLEARANCE FOR HEARING AID CANDIDACY

PATIENT NAME: _____

The above patient has been medically evaluated and is considered a candidate for a hearing aid(s). The hearing loss is not due to a temporary, correctable physical condition. There are no contraindications to hearing aid candidacy.

Signed,

Physician Signature

Date

Physician Name (Please print)

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