

My Way To Share

Patient Referral Program



Who Are You Referring?



MY HEARING CENTERS

Name: _____

Phone: _____

Your Information

Name: _____

Phone: _____

Fill out your information above along with your friend or family member's name and number. Have them call to schedule their **free hearing screening** and bring the card to their appointment.

You can also give us the card and we'd be happy to give them a call.

Our Office Number: _____