



Lawrence Speech & Hearing Services

Medical Clearance Letter

To Whom It May Concern:

Please complete the attached form and return it to our clinic at your earliest convenience.

Thank you for your assistance. If you have any questions, please contact us at any time.

Best Regards,

Christina Boover Lawrence, Au.D., CCC-A/SLP
Doctor of Audiology/Speech-Language Pathologist



Lawrence Speech & Hearing Services

Medical Clearance Form

Date: _____

I have medically evaluated the hearing loss of _____ and have found he/she is 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.

PHYSICIAN SIGNATURE

PRINT PHYSICIAN'S NAME

PLEASE RETURN COMPLETED FORM TO lawrencespeechandhearing@gmail.com OR FAX TO 800-531-0273