

**ADVANCED**  
HEARING GROUP

HEAR WELL. LIVE WELL.

*Share the joy of hearing.  
Your friends will thank you...  
and we will too!*

**New Patient's Name (friend/relative):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

We sincerely appreciate your referral of a friend or family member. They will receive the same professional care you've come to know and trust, *and you'll receive a special thank you gift when they bring this card to their first visit.*

**Mesa**

5202 E. Main Street, Suite 105  
Mesa, AZ 85205  
(480) 218-1328

**North Scottsdale**

9445 E. Ironwood Square Dr., Ste. 100  
Scottsdale, AZ 85258  
(480) 429-0026

**South Scottsdale**

7025 E. McDowell Rd., Suite 1c  
Scottsdale, AZ 85257  
(480) 429-0026