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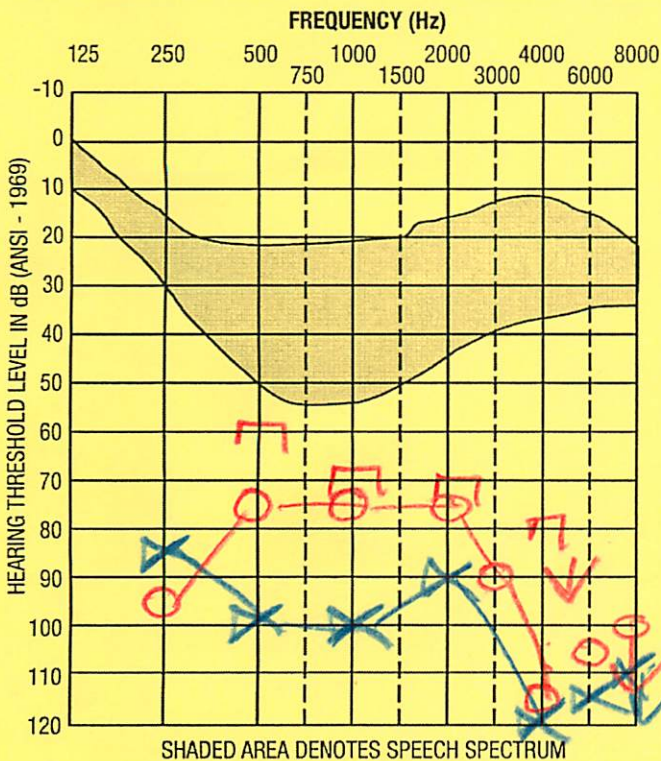
ASHA Certified Clinical Audiologists • Arizona Licensed Hearing Aid Dispensers

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 Chandler, AZ 85224

NAME: DOMINIC BARON AGE: _____ DATE: 2/27/10
 REFERRAL SOURCE: _____ EXAMINER: [Signature]



EAR	AIR CONDUCTION		BONE CONDUCTION		Sound Field Warble Tone	NO RESPONSE
	UNMASKED	MASKED	UNMASKED	MASKED		
R	○	△	<	□	UNAIDED S	↓
L	✕	□	>	□	AIDED *	↓
UNSPECIFIED EAR		□				

Reliability Good Fair Poor
 Response Type Conventional Play Behavior Change

Insert/Headphone	L	R	SF
<input type="checkbox"/> Speech Reception Threshold			
Air			
<input type="checkbox"/> Speech Awareness Threshold			
Aided			
Word Recognition			%
<input type="checkbox"/> Taped			%
<input type="checkbox"/> Live Voice			%
	dB	%	%
	dB	%	%
	dB	%	%
	dB	%	%
	dB	%	%
MOST COMFORTABLE LEVEL			
UNCOMFORTABLE LEVEL			
IMPEDANCE			
Tymanogram Type			
MEP			
Acoustic Reflex Decay			

REMARKS

IMPRESSION: Severe to profound sensorineural hearing loss bilaterally

RECOMMENDATION: _____