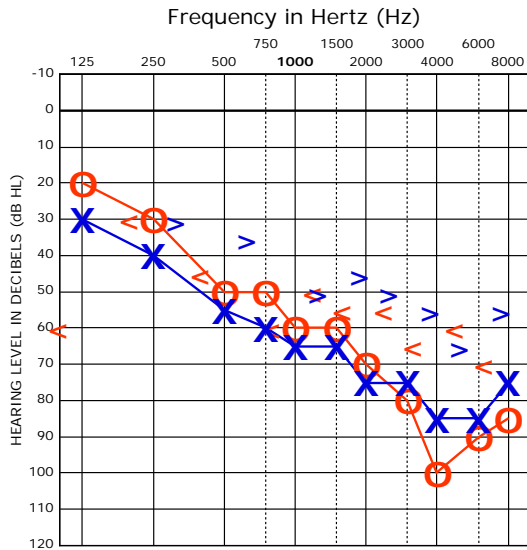




Patient Name: Robert L. Smith

Birthdate: 3/2/1943

Evaluation: 12/7/2012



Audiology Code		AIR		BONE	
Color	Ear	Un-masked	Masked	Un-masked	Masked
Red	R	○	△	<	[
Blue	L	×	□	>]

ABBREVIATIONS

S	Soundfield (tested via speakers)
CNE	Could Not Evaluate
NR	No Response
DNE	Did Not Evaluate
SL	Sensation Level
SPL	Sound Pressure Level
HL	Hearing Level
SDT	Speech Detection Threshold
SRT	Speech Reception Threshold
MCL	Most Comfortable Level
UCL	Uncomfortable Loudness

RELIABILITY

○ Good ○ Fair ○ Poor

SPEECH AUDIOMETRY

	SRT	MASK HL	DISCRIMINATION				MCL	UCL
			dB HL	%	%/S/N	Mask		
R	55	45	65	64	65	84	65	100
L	60	50	65	68	65	88	65	105
R								
L								
Bin.								
SF								
AID								
SPEECH Materials		SRT/SDT ○ SRT ○ SDT						
		DISCRIM ○ CD ○ Live Voice						

WEBER

256	512

RINNE

Ear	256	512
R		
L		

TYMPANOGRAM

Ear	Type	Physical Volume	Compliance	Peak Pressure
R	A	1.03	0.43	-94
L	C	0.7	0.1	-157

ACOUSTIC REFLEX

Test Frequencies (Hz)		500	1000	2000	4000
Probe R	ipsilateral				
Probe L	ipsilateral				

Note: Copies of this Audiology Report will be sent to those on the "cc" list when a signed consent form is received from the parent/guardian.

Date Sent _____

Parent/Guardian _____

cc: _____

Health Care Provider _____

Case Manager/CS Coordinator _____

Other: _____

Other: _____

Evaluation performed by the following Licensed Audiologist:

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