



Hearing Aid Fitting Checklist

Patient Name: Robert L. Smith

Date of Fitting: 8/22/2012

FILE#: -1

Target Used: DSL v5a.

Match to Target: Fair.

Current Experience/Adaptation Level: .

Patient provided with the following forms: Troubleshooting/Walk-in/Battery Form, Purchase Agreement.

Patient provided with the following supplies and materials: Manual, Cleaning Tool.

Patient was given the instructions and counseling regarding the following: Trial period, Warranty (repair and L&D), Hearing aid insertion and removal, Cleaning/Care of hearing aids, Batteries: insertion, removal, ordering/purchasing, safety, Battery Club, Troubleshooting.

The following manually accessible programs were added:

Program 1: Outside

Program 2: Church

Program 3: Movies

Program 4: Restaurant

The program toggle is linked: Yes

The volume control is disabled: No

Notes: There are no notes