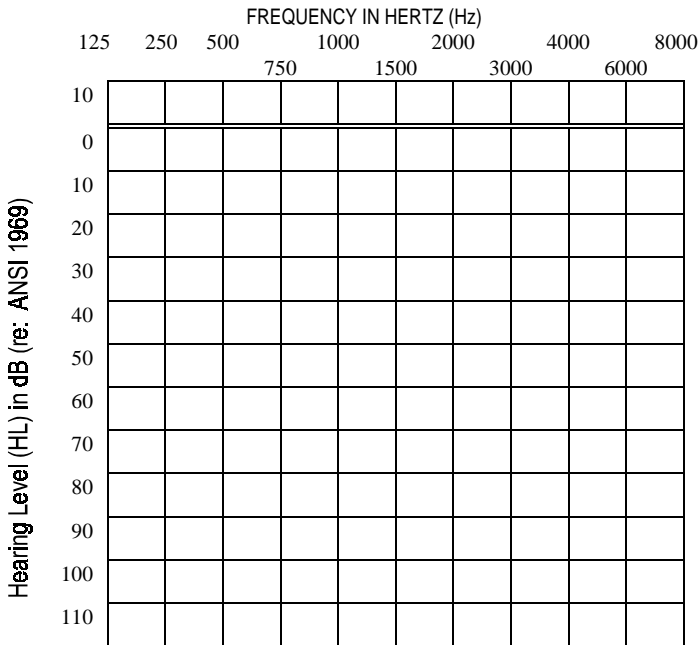


SECTION B. AUDIOLOGIC EVALUATION

Name of Tester	Name of Physician/Audiologist
Street	City State Zip



SPEECH AUDIOMETRY (Re ANSI. 1969)

	SRT	MASK	DISCRIMINATION			MCL	UCL
			%	SL	HL		
R							
L							
SF							
AID							
SDT/SRT:					TAPE	LV	
DISCRIM:					TAPE	LV	

LEGEND:

	RIGHT	LEFT
AIR CONDUCTION	O	X
WITH MASKING	Δ	
BONE CONDUCTION	<	>
WITH MASKING	[]
NO RESPONSE	↙	↘

Remarks

If standard audiological procedures, including pure-tone audiometry and speech audiometry, are not appropriate for this patient, also attach additional comments.

SECTION C. RECOMMENDATIONS (To be completed by audiologist or physician after testing.)

<input type="checkbox"/> Hearing aid evaluation recommended	<input type="checkbox"/> Significant air bone gap equal or greater than 15 dB at 500 Hz, 1000Hz or 2000Hz
<input type="checkbox"/> No hearing aid evaluation recommended	
<input type="checkbox"/> Other (explain)	
Date	Signature of Audiologist/Physician