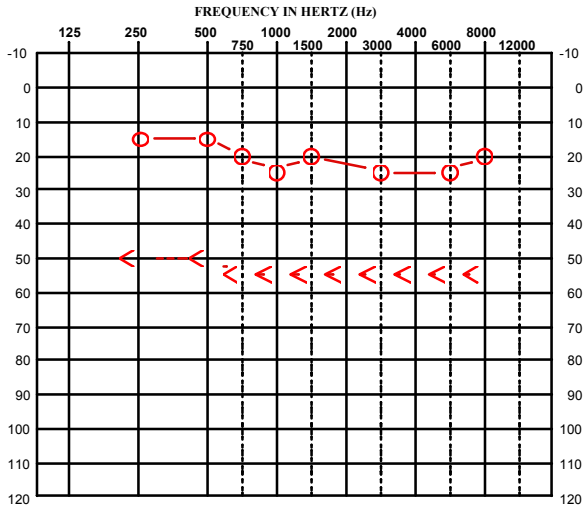


MEDICAL RECORD

AUDIOLOGIC EVALUATION

RIGHT EAR PURETONE



Air Conduction	Right	Left
Unmasked	O	X
Masked	Δ	□
Bone Conduction		
Unmasked	<	>
Masked	<	>
Sound Field		
Unaided - Aided	S	A
Comfort Level		
Maximum	MC	MC
Uncomfortable	UC	UC
Reflexes		
Contra	↖	↗
Ipsi	↘	↙
Commented	C / P / V	

Audiometer:

GSI 61

Transducer:

TDH-50 Phones

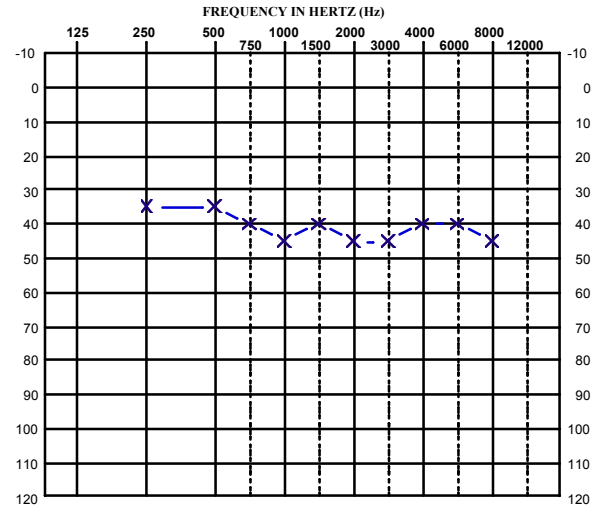
Method:

Conventional

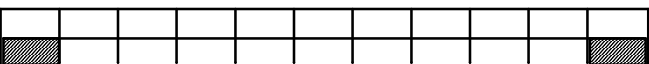
Reliability:

Good

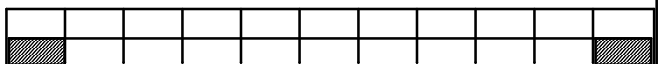
LEFT EAR PURETONE



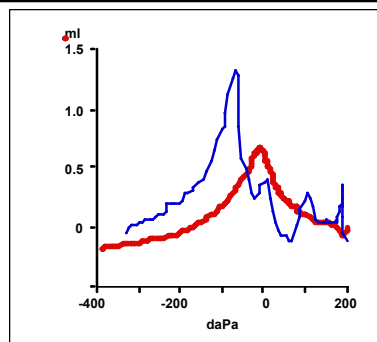
Effective Masking Levels To Non-Test Ear



Effective Masking Levels To Non-Test Ear



Tympanometry



Tympanogram Diagnostic

	Right	Left
Probe Tone (Hz)	226	226
Ear Canal Volume	1.30	1.60
Peak Admittance (ml)	0.70	1.40
Peak pressure (daPa)	15	-45
Curve Type	A	As

02/06/2005

Pure Tone Average (PTA)

Monaural	
RIGHT	LEFT
Bone 53 dBHL [3a]	Air 42 dBHL [3a]
UNAIDED	AIDED

Speech Reception/Awareness Threshold

RIGHT	LEFT
Air 20 dB [SRT]	Air 30 dB [SRT]
SfA 50 dB [SRT]	SfA 60 dB [SRT]

Word Recognition

* -masked test

RIGHT	LEFT
* 20% at 30 dB	1% at 2 dB
50% at 50 dB	3% at 4 dB
90% at 70 dB	5% at 6 dB
40% at 90 dB	* 7% at 8 dB
Snd Field Aided, RIGHT	Snd Field Aided, LEFT
1% at 1 dB	2% at 2 dB

Examiner/Assistant:

John Doe, Au.D.

		Acoustic Reflexes				Reflex Decay	
Stim	Meas	500	1000	2000	Noise	500	1000
Right	Contra	Abs	95			Nrml	
	Ipsi	80	CNT				
Left	Contra	Abs	UdB			Abnrml	
	Ipsi	Abs	UdB				

Abs- Absent CNT- Could Not Test UdB- Undefined decibel level

Notes (Refer to audiology consultation for test interpretation)

This is a test of the text measurements, Wound care instructions: 1) Keep steri-strips dry for first 24 hours, then you can let water and soap run over them. Just gently pat them dry afterwards. 2) The steri-strips should stay on for a week. After that you can remove them whenever you want. They will gradually peel off and typically fall off by themselves the second week after surgery. You can just trim the edges as they come up during

PTA codes: 2a-500/1000, 2b-500/2000, 2c-1000/2000, 3-500/1000/2000 4-500/1000/2000/3000. *- masked values

EXAMINER SIGNATURE

DATE 01/06/2005

Patient Identifier 1234567

NAME Able, Denny

D.O.B. 09/02/1941

AUDIOLOGIC EVALUATION

	CONTINUED NOTES
--	-----------------

EXAMINER SIGNATURE 

Date **01/06/2005**

01/06/2005

Patient
Identifier

NAME **Able, Denny**

D.O.B. **09/02/1941**

AUDIOLOGIC EVALUATION