

**AUDIOLOGY REPORT**

\_\_\_\_\_ Correctional Facility

Patient Name: \_\_\_\_\_ DIN \_\_\_\_\_ DOB: \_\_\_\_\_

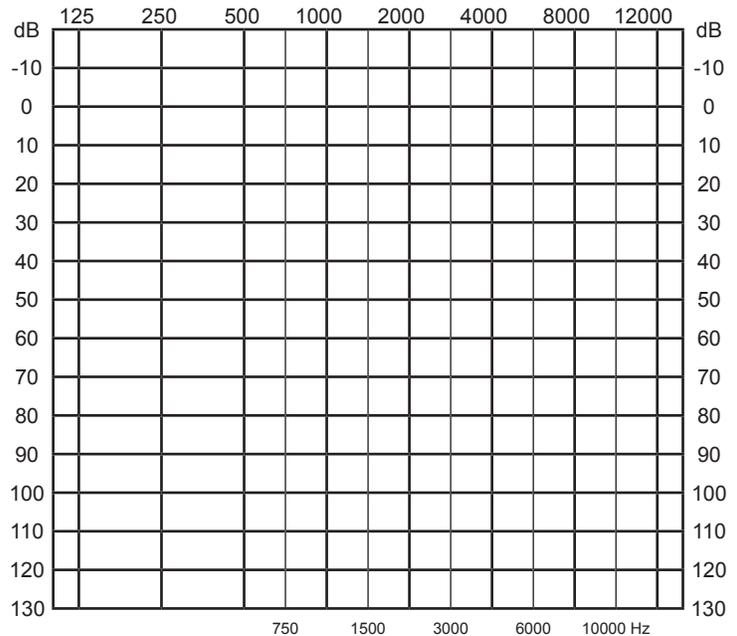
	250	500	1	1.5	2	4	6	8
®								
L								
BC ® M								

KEY

AIR			BONE			NO RESP
EAR	UNMASKED	MASKED	UNMASKED	MASKED		
RIGHT	○	△	<		□	
LEFT	X	□		>	⌋	
WNL WITHIN NORMAL LIMITS			UNMASKED BC			

Ear	SRT	PTA	dBHL PB	dBHL PB	S:N %	UCL	MCL
R							
L							
BIN							
SF							
Aided							

HEARING THRESHOLD LEVEL IN dBHL ANSI 1969



- Recorded: \_\_\_\_\_  Live Voice: \_\_\_\_\_
- Insert Headphones  Circum Aural Earphones

TEST RELIABILITY  
Good Fair Poor

Otoscopy RE			
LE			
H-Aid Type			
H-Aid Ck.			

ACOUSTIC  
REFLEX TEST

Probe Right Contra IPSI Decay				
Probe Left Contra IPSI Decay				

I have measured hearing loss in this patient using  Pure Tone Audiometry (PTA-500, 1000 and 2000Hz), and/or  unaided Speech Recognition Threshold (SRT). I recommend this patient be considered (check one):

- HL10 (HEARING LOSS/DEAF) - measured severe profound hearing loss of at least 70 dB in this patient's unaided BETTER ear; this patient primarily relies on visual communication such as sign language, writing, visual cues or gestures.
- HL20 (HEARING LOSS/HARD OF HEARING) - measured hearing loss of at least 40 dB but less than 70 dB in this patient's unaided BETTER ear; this patient experiences functional hearing communication difficulties with proper amplification as determined by a person with expertise in the field of deafness.
- HL30 (HEARING LOSS/NON-SIGNIFICANT) - measured hearing loss of less than 40 dB in this patient's unaided BETTER ear.
- I cannot make a recommendation at this time. Further testing is required. Type of test: \_\_\_\_\_

(Print) Provider Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Appointment \_\_\_\_\_

Facility MD Reviewer \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_