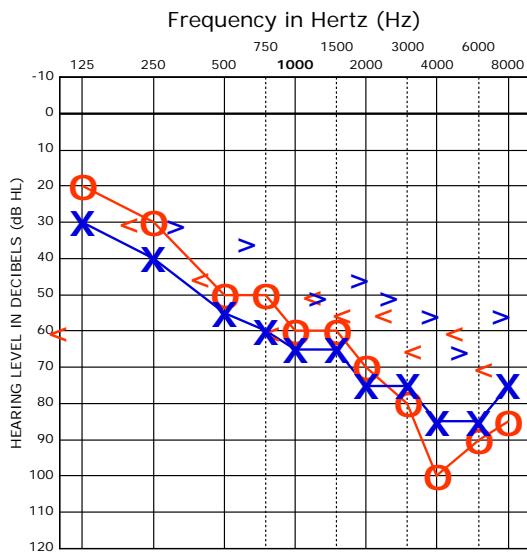




Patient Name: Robert L. Smith

Birthdate: 3/2/1943

Evaluation: 12/7/2012



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

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

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

Evaluation performed by the following Licensed Audiologist:

Sharyce Baartman, Au.D., CCC/A, FAAA
Lic. # 7246Ed Van Der Heiden, MS, CCC/A, FAAA
Lic. # 5459