

FAX COVER SHEET

TO:			
Name:	YASSIN PEDIATRICS - FORKED RIVER		
Telephone #:	609-971-0010	Fax #:	609-242-1906
Date:	11/16/2011	No of pages with cover:	2/

FROM:			
Name:	CARRIE SHAPIRO-BASEN		
Facility:	JERSEY SHORE UNIVERSITY MEDICAL CENTER		
Telephone #:	732-897-7346	Fax #:	732-776-4181
Comments: Dear Physician- Attached please find hearing evaluation results for a child from your practice. The attached information is also available for viewing by Primary Care Providers via the Newborn Hearing Screening section in the New Jersey Immunization Information System.			
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Tester: csb



K. Hovnanian
CHILDREN'S HOSPITAL
AT JERSEY SHORE UNIVERSITY MEDICAL CENTER
A MEMBER OF THE HOVNANIAN HEALTH FAMILY

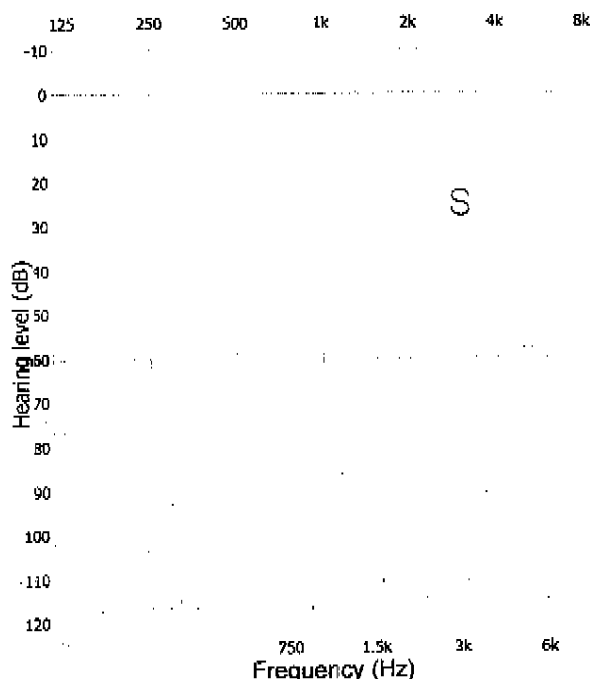
Atn Dr: YASSIN, MAHMOUD M

1500833182

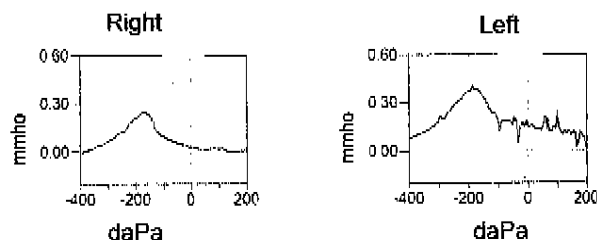
Report comments:

Hx: Referred for audiological monitoring due to Late onset indicator status: Neonatal intensive care of more than 5 days with the use of assisted ventilation. Javier attends a medical day care in Manchester, NJ. & receives Early Intervention services. His extensive medical Hx known to you. **Results:** Responses to speech stimuli & @ 3 KHz obtained at normal hearing levels under binaural listening conditions. Responses were age appropriate re: corrected age. Tymp: negative pressure suggesting eustachian tube dysfunction bilaterally. **Rec:** Re-eval in 6 months for monitoring &/or sooner upon referral

IMMITTANCE (11/16/2011)



Calibrated: 7/19/2011 2:54:46 PM S/N: 361661



Tymp

Tone	226 Hz
SA	0.25 mmho
TPP	-169 daPa
ECV	0.40 ml
TW	120 daPa
Type	AS

Түр

Tone	226 Hz
SA	0.38 mmho
TPP	-184 daPa
ECV	0.39 ml
TW	195 daPa
Type	C

Reflex	Screening (dB HL)					Decay (s)	
	500	1k	2k	4k	BBN	500	1k
R Ipsi							
L Ipsi							
R Contra							
L Contra							

Probe tone:

BC AC
R
L
R
L

PTA (dB HL) / SII (%)			Rinne	Reliability
	AC	BC	R: <input type="text"/>	L: <input type="text"/>
Right	<input type="text"/>	<input type="text"/>	Stenger	Weber
Left	<input type="text"/>	<input type="text"/>	T: <input type="text"/>	S: <input type="text"/>

Speech	SDT		SRT		WRS / SRS 1		WRS / SRS 2		MCL	UCL				
	dB HL	(m)	dB HL	(m)	%	dB HL	(m)	S/N	%	dB HL	(m)	S/N	dB HL	dB HL
Right														
Left	20													
Bin														
Note	1							2						
Aided														
Note	1							2						

Legend

L	R	Masked
	AC	
	BC	
	SF	
M	MCL	
U	UCL	
X	NR	

PTA AC: 500, 1k, 2k
BC: 500, 1k, 2k

Signed by:

Carrie Shapiro-Bash
Anthropologist

Newborn hearing follow-up report (SCH-2)

1500833182 11/16/11 AUD W08
BERRÓA, JAVIER
 0703433 11/01/10 1 M E006518103
 Attn Dr: YASSIN, MAHMOUD M

1500833182

NEWBORN HEARING FOLLOW-UP REPORT

New Jersey Department of Health and Senior Services
 Early Hearing Detection and Intervention Program
 PO Box 364
 Trenton, NJ 08625-0364

PATIENT INFORMATION				
Child's Name (Last): BERRÓA	Child's Name (First): JAVIER	Date of Birth: 11/01/2010	Sex: MALE	Medical Record Num: 0703433
Alias:	Parent/Guardian Name: KIMBERLY PTAK		Relationship to Child: MOTHER	Telephone Number: (848)448-1294
Street Address: 62 JAMES ST	City: TOMS RIVER		State: NJ	Zip: 08753
PHYSICIAN INFORMATION				
Child's Physician Name: YASSIN PEDIATRICS - FORKED RIVER		Telephone Number: (609)971-0010	Facility of Birth: JERSEY SHORE MEDICAL CENTER	
Physician Street Address: 115 LACEY RD		City: FORKED RIVER	State: NJ	Zip: 08731
REASON TESTING WAS REQUIRED				
<input type="checkbox"/> Not Screened Previously <input type="checkbox"/> Returned for Ear-Specific Results				
<input type="checkbox"/> Refer Result on Previous Screen (<input type="radio"/> OAE <input type="radio"/> ABR <input type="radio"/> BOTH <input type="radio"/> UNKNOWN) <input type="radio"/> RIGHT EAR <input type="radio"/> LEFT EAR <input type="radio"/> BOTH <input type="radio"/> UNKNOWN				
<input checked="" type="checkbox"/> Risk Factor Code : AV,NI <input type="checkbox"/> Hospital readmission in 1st month of life for: <input type="radio"/> Hyperbilirubinemia w/exchange transfusion <input type="radio"/> Culture positive sepsis <input type="radio"/> Other hospitalization : <input type="checkbox"/> Other:				
Name of Outpatient screening/Audiologic Evaluation Facility: JERSEY SHORE UNIVERSITY MEDICAL CENTER Address: 2100 CORLIES AVE				
		City: NEPTUNE	State: NJ	Zip: 07753
OUTPATIENT SCREENING RESULTS/RECOMMENDATIONS				
Method:	Findings:	Screening Recommendations:		
Right	Left	Right	Left	
<input type="radio"/> TEOAE <input type="radio"/>	<input type="radio"/> Pass <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Pass, no further evaluation required, unless future clinical indication or parental concern
<input type="radio"/> DPOAE <input type="radio"/>	<input type="radio"/> Refer <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Pass, risk indicator follow-up: PAE by 24-30 mo. of age (more often if needed)
<input type="radio"/> ABR <input type="radio"/>	<input type="radio"/> Can not screen (ear canal atresia) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Referral to physician with re-screening following medical intervention
<input type="radio"/> BOTH <input type="radio"/>	<input type="radio"/> Did not screen <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Did not pass, refer for complete audiologic evaluation
				<input type="checkbox"/> Pass, risk indicator reported in error, discharge from follow-up
Name of Evaluator: Telephone Number: Date of Exam: <input type="checkbox"/> Missed Appointment				
PEDIATRIC AUDIOLOGIC EVALUATION (PAE)				
Ear-Specific Results:		Other Results:	Degree of Hearing Loss: (re:DSHPSHWA)	
Right	Left		Right	Left
<input type="radio"/> Normal hearing <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Normal(-10 to 15dBHL) <input type="radio"/>	<input type="radio"/>
<input type="radio"/> Conductive hearing loss (transient) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Slight(16 to 25dBHL) <input type="radio"/>	<input type="radio"/>
<input type="radio"/> Conductive hearing loss* (permanent) <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Mild(26 to 40dBHL) <input type="radio"/>	<input type="radio"/>
<input type="radio"/> Sensorineural hearing loss* <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Moderate(41 to 55dBHL) <input type="radio"/>	<input type="radio"/>
<input type="radio"/> Mixed hearing loss(SN/trans. cond.)* <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Moderately Severe(56 to 70dBHL) <input type="radio"/>	<input type="radio"/>
<input type="radio"/> Mixed hearing loss(SN/perm. cond.)* <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Severe(71 to 90dBHL) <input type="radio"/>	<input type="radio"/>
<input type="radio"/> Auditory Neuropathy / Dyssynchrony* <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Profound(+91dBHL) <input type="radio"/>	<input type="radio"/>
		OR		
		<input type="radio"/> Soundfield responses at 1,2 & 4K are <= 30dB HL with present OAEs bilaterally.		
		<input type="radio"/> Probable permanent hearing loss in at least 1 ear, further testing needed		
		<input type="radio"/> Unable to determine hearing status of each ear at this visit		
Next Audiologic Evaluation:				
<input type="checkbox"/> None required, unless future clinical indication or parental concern <input type="checkbox"/> Pediatric Audiologic Evaluation by 24-30 mo. for risk monitoring (more often if needed) <input checked="" type="checkbox"/> Additional audiologic evaluation in: weeks / 6 months <input type="checkbox"/> If additional testing is to be performed at a different facility, Please indicate name:				

Newborn hearing follow-up report (SCH-2)

1500833182 11/16/11 AUD W08
BERROA, JAVIER
0703433 11/01/10 1 M E006518103
Attn Dr: YASSIN, MAHMOUD M

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<input type="checkbox"/> **Hearing loss diagnosed on:		<input type="checkbox"/> **Registered with SCHS Registry/Case Mgt. Services on:	
Recommended Referral (Check all that apply)			
<input checked="" type="checkbox"/> Pediatrician	<input type="checkbox"/> Genetics Evaluation	<input type="checkbox"/> Hearing Aid services	<input type="checkbox"/> Early Intervention/Case Management
<input type="checkbox"/> Otolaryngologist	<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Parent Support Services	<input type="checkbox"/> Speech/Language Pathologist
<input type="checkbox"/> Craniofacial/Cleft Center	(e.g.N) Parent-to-Parent		<input type="checkbox"/> Other:
Name of Evaluator: CARRIE SHAPIRO-BASEN	Telephone Number: (732)897-7346	Date of Exam: 11/16/2011	<input type="checkbox"/> Missed Appointment
Comments: Normal SDT in sound field with Type C tympanograms. Child receives EI services at home & therapy in a medical daycare setting			