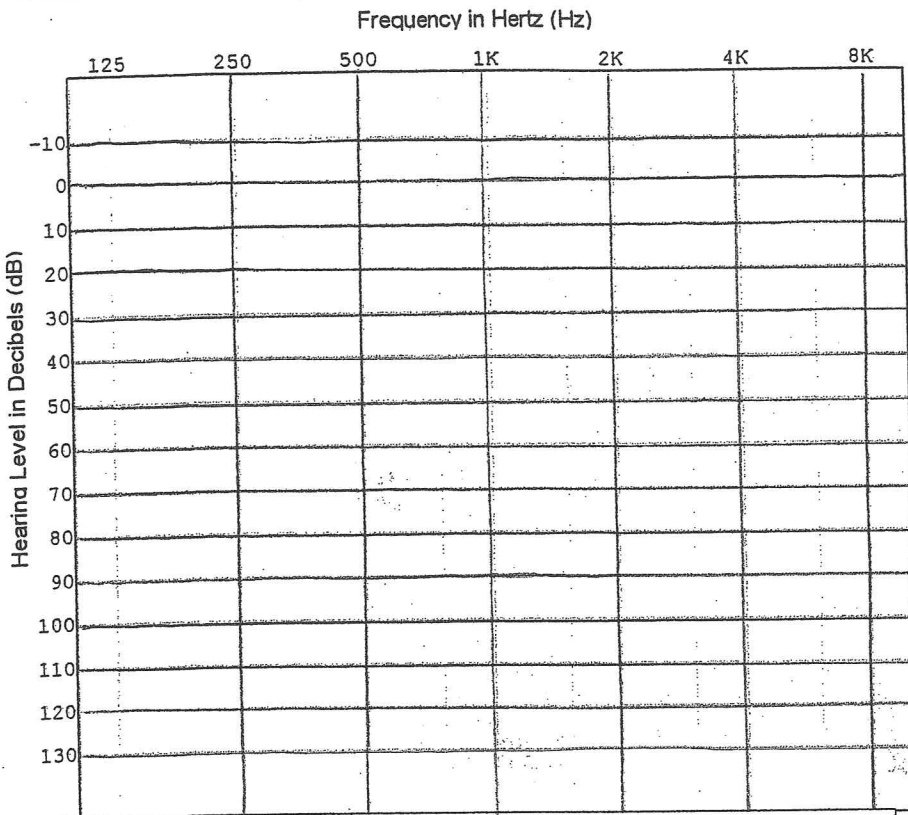


# Hearing Evaluation Report

Client Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_



	Right	Binaural	Left
AC Unmasked	○	—	×
AC Masked	△	—	□
bc Unmasked	<	↑	>
bc Masked	⌊	—	⌋
MCL	M	M	M
UCL	⌊	⌊	⌊
SF Unaided	⊗	⊗	⊗
SF-A Aided	A	A	A

	SRT	Mask	MCL	UCL
R				
L				
SF				

	% Stimulus	Mask
R		
L		
SF		

	% Stimulus	Noise
R		
L		
SF		

		Effective Masking Levels										
Non-Test Ear		125	250	500	750	1000	1500	2000	3000	4000	6000	8000
AC	L											
	R											
bc	L	█									█	█
	R	█									█	█

		Acoustic Reflex								
		Ipsilateral								
Stimulus Ear		250	500	1000	2000	4000	6000	BBN	LBN	HBN
R	R									
L	R									
R	L									
L	L									

		Contralateral								
Stimulus Ear		250	500	1000	2000	4000	6000	BBN	LBN	HBN
R	R									
L	R									
R	L									
L	L									

Pure Tone Average (3Freq.)	
R	L

Tympanometry		
	R	L
Type		
Ear Canal Volume (cc)		
Peak Pressure (mmH2O)		
Peak Height (cc)		
Gradient (mmH2O)		

## Report Comments

Signature: \_\_\_\_\_

Date: \_\_\_\_\_