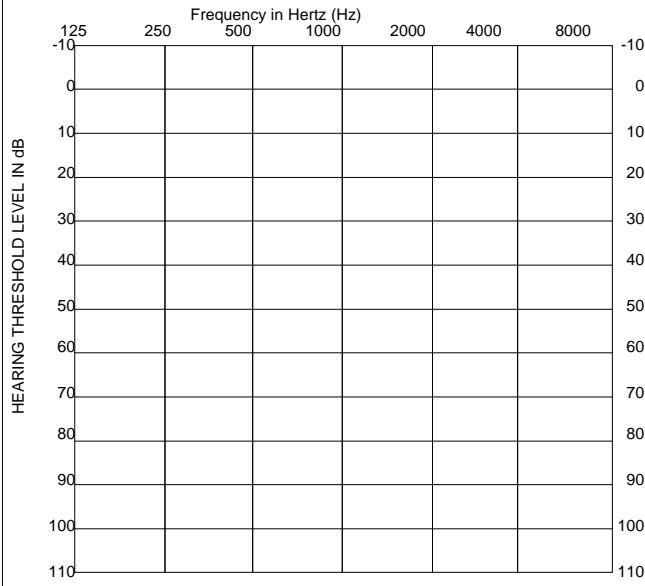




# REPORT OF AUDIOLOGIC EVALUATION

## PURE TONE AUDIOMETRY



MASK LEVEL	BC	_____	_____	_____	_____	_____	_____
	AC	_____	_____	_____	_____	_____	_____
		EM	Dial	NB	White		

## SPEECH

	SAT/SRT	Mask	Discrimination				MCL	UCL
			%	S L	Mask	S/N		
L								
R								
L								
R								
SF								
Aid								

SRT Lists: \_\_\_\_\_

Discrimination Lists: \_\_\_\_\_

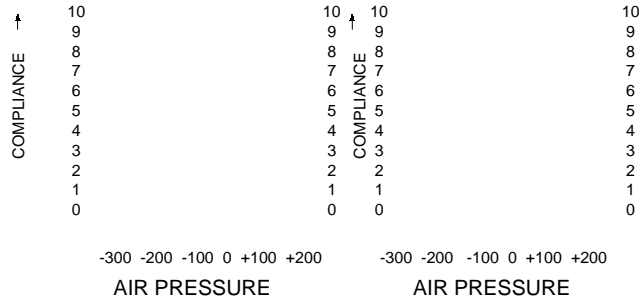
Rec: \_\_\_\_\_ Tape: \_\_\_\_\_ MLV: \_\_\_\_\_

## TYMPANOMETRY

	LEFT	RIGHT
Tympanogram Type		
Middle Ear Pressure (mm2H O)		
Static Compliance (cm3)		

### TYMPANOGRAM L

### TYMPANOGRAM R



## LEGEND

	LEFT	RIGHT
Air Unmasked	X	○
Air Masked	□	△
Bone Unmasked	>	<
Bone Masked	□	□
No Response	→	←
Sound Field	S	

## Acoustic Reflex

Stimulus Frequency	Contralateral		Ipsilateral	
	L	R	L	R

EXAMINER NAME, TITLE, CERTIFICATION, SSAN

AUDIOMETERS(S) (MAKE, MODEL & SERIAL NUMBER)

CALIBRATION BY:

CALIBRATION DATE:

REMARKS:

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

LAST NAME-FIRST NAME-MIDDLE INITIAL		RATE/GRADE	
SSAN	AGE	COMMAND	
STATUS		BRANCH	
AD RET RES DEP CIV		N MC A AF CG NON-DOD	
REFERRED BY		TIME	DATE
ENT PED OTHER:		2:24:01	15/Apr/9
HOURS SINCE LAST NOISE EXPOSURE		ESTIMATED RELIABILITY	
SIGNATURE AND TITLE OF EXAMINER			

NAV MED 6260/6 (9-89) S/N 0105-LF-007-8500

4-2-90

Uncl.

TITLE OR DESCRIPTION

REPORT OF AUDIOLOGIC EVALUATION

NO. OF PAGES

1

TRIM SIZE

8 1/2 x 11

STOCK SPECIFICATIONS

GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR
C. W. WRITING	20 <sup>wt</sup>	WHITE						

PRINTING SPECIFICATIONS

ONE SIDE	TWO SIDES	SAME	DIFFER	H TO H	H TO F	H TO L	H TO R	COLOR INK (If not black)	SUPERSEDES	NEW			
X										X			
FRONT MARGINS				HEAD	LEFT	RIGHT	FOOT	BACK MARGINS		HEAD	LEFT	RIGHT	FOOT
<input type="checkbox"/> 3/8 HEAD CNTR L & R		<input checked="" type="checkbox"/> OTHER		3/4"		CTR		<input type="checkbox"/> 3/8 HEAD CNTR L & R		<input type="checkbox"/> OTHER			

FINISHING SPECIFICATIONS

FOLDING	STD. DRILLING		NON-STANDARD DRILLING				WIRE STITCHING				
FOLD TO	2 TOP	3 LEFT	NO.	DIAMETER	C TO C	LOCATION	NO.	<input type="checkbox"/> SIDE	<input type="checkbox"/> SADDLE	<input type="checkbox"/> TOP LEFT CORNER	<input type="checkbox"/> OTHER
			2	3/8	2-3/4	TOP					

PERFORATING OR SCORING			PADDING				UNIT OF ISSUE	QUANTITY PER UNIT OF ISSUE	PACKAGING SPECIFICATIONS	
<input type="checkbox"/> PERF	<input type="checkbox"/> SCORE	DISTANCE	FROM	SHEETS	SETS	LOCATION	OTHER	PG	100	SHRINK WPAP + BAR CODE
						<input type="checkbox"/> TOP				

SPECIAL INSTRUCTIONS/REMARKS