

Hearing Evaluation and Fitting and Dispensing Report

Name (Last, First, Middle Initial)		Client No.	Age	Birth Date
Address (Street, City, State, ZIP Code)				
Date of Examination		Place of Examination	Puretone Audiometry: ANSI 2004 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Audiometer Calibration	Ambient Noise** _____dBa_____dBc	**Ambient noise level measurements MUST be made at the time of EACH evaluation not conducted in a commercial sound treated test booth. Testing must follow the ambient noise guidelines as stated in the provider's licensure rules.		

Indicate with an asterisk (*) by Recorded Threshold when masking is used

PURETONE TEST RESULT IN DECIBELS
(Completed by physicians and audiologist only)

	500 Hz	1000 Hz	2000 Hz	4000 Hz
LE				
RE				
Masking Level LE				
Masking Level RE				

BONE CONDUCTION

	500 Hz	1000 Hz	2000 Hz	4000 Hz
LE				
RE				
Masking Level LE				
Masking Level RE				

SPEECH AUDIOMETRY

	SRT	PB Quiet	PB Level	Thres. Disc.
LE				
RE				
Masking Level LE				
Masking Level RE				

Comments:

Is report of Physician's Examination attached? Yes No

FITTER AND DISPENSER: The fitter and dispenser must sign below.

Name of Fitter and Dispenser (please type or print)

Signature – Fitter and Dispenser

Date

This is to certify that the foregoing information is true, accurate, and complete. I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State Laws.

I, _____ do hereby certify that I am _____ and that
(Signature of Physician or Audiologist) (Title of Person Certifying)

I am duly authorized to make this certification for and on behalf of _____
(Name of Payee Company Claimant)

I further certify that the attached invoice is correct and that it corresponds in every particular with the supplies and/or services contracted for. I further certify that the account is true, correct and unpaid.

(Signature of Physician or Audiologist)

Date

FITTING AND DISPENSING RESULTS

Results are _____ Real ear measurement in Sound Pressure Level (SPL)					
_____ Soundfield Function gain in decibels (dB)					
Acquisition Cost: Left aid: _____ Right aid: _____					
Fill in results below for ear(s) fitted:					
Manufacturer:			Model		
	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz
Left ear aided					
Right ear aided					