PHYSICIAN/HEARING SPECIALIST REPORT

Child's Name:											Age:			
							Grade:							
School:														
				Res	ults of	Thresho	old He	aring '	Tests					
			RIGH	T EAR				LEFT EAR						
DATE OF EXAM	250	500	1000	2000	4000	8000	250	500	1000	2000	4000	8000	PASS (P) OR FAIL (F)	
Physician's Audiogram Attached?									YesNo					
Tentativ	e Diag	gnosis	•										***************************************	
Type of														
Prognos														
-	-													

Recomm	nendat								.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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		***************************************							11.00					
	(Physician's Signature) (Date											(Date)		
	(Address)											00 B 08 B 18 VAR 1000000000000000000000000000000000000		
								(Telephone)						
(Parent'	s Sign	ature)		a verigering/widosin-McCOOKER-SATTI (1992)	:	(Date)								
And the second s		(Addres	s)	to the state of th		-							
(Telephone)														
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