Free Hearing Clinic Results

Date:

Patient Name:

Location Name and Apartment #:

Phone #:

Hearing Screening

Otoscopy:

Screening Results:

Pass/Full Test Recommended

Notes:

Hearing Aid Check

Age and model of device(s):

Hours of daily use:

Status of device(s) after clean and check:

Recommendations:

- Continue with current device(s)
- Manufacturer repair
- On-site repair
- Ear cleaning
- Hearing evaluation and demonstration of current technology

Notes: