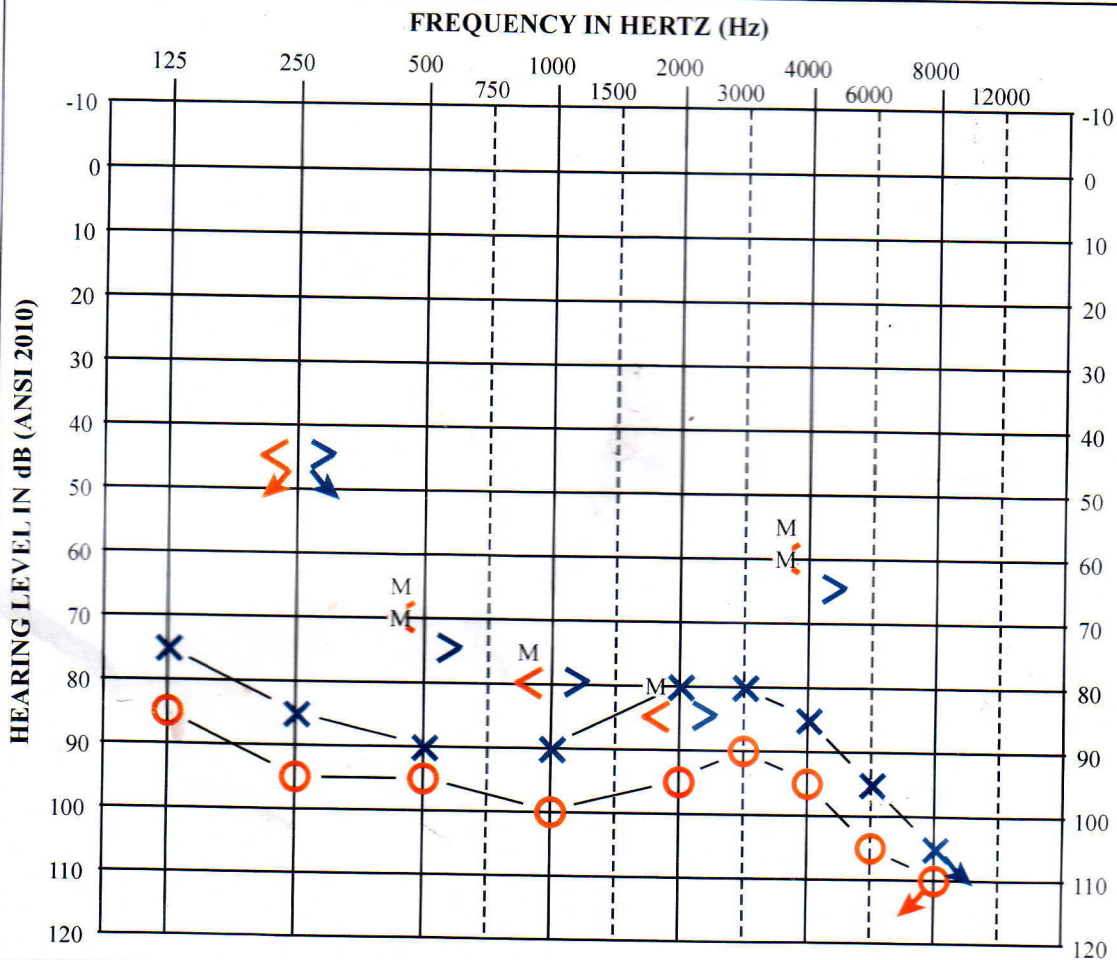




medicorum@usa.com

MEDICORUM

Curriculum Studies and Associate Communications



	Right	Left
Air Conduction		
Unmasked	O	X
Masked	△	□
Bone Conduction		
Unmasked	<	>
Masked	⌈	⌋
Sound Field		
Unaided - Aided	S	A
Comfort Level		
Maximum	MC	MC
Uncomfortable	UC	UC
Reflexes		
Contra	↖	↗
Ipsi	→	←
Commented	C/P/V	N/FM/M

Examiner/Assistant:
Anne Harvey, AuD CCC-A

Audiometer:
GSI 61

Transducer:
TDH-50P
ER-3A (re-check)

Method: CA

Reliability: Good

MONAURAL		SOUNDFIELD	
RIGHT	LEFT	UNAIDED	AIDED
Pure Tone Average (PTA) Air 95 dBHL [4b]			
[See key below]			
Air 84 dBHL [4b]			
Speech Reception Threshold (dBHL)		SndFld UNAIDED	SndFld AIDED, BILAT
Air * 95 dB	Air 85 dB	SndFld AIDED, RIGHT	SndFld AIDED, LEFT
Word Recognition (dBHL)		SndFld, UNAIDED	SndFld AIDED, LEFT
* 76% at 115 dB	* 68% at 110 dB	SndFld AIDED, RIGHT	

Patient seen for updated audio-only appointment. See Epic for full report.

PTA codes: 2a-500/1000, 2b-500/2000, 2c-1000/2000, 3a-500/1000/2000 4a-500/1000/2000/3000. *- masked values

EXAMINER SIGNATURE *Anne Harvey* Date **05/15/2023**

Patient Identifier **U-8-17-01-35**

NAME **Hoffman, Jeanne**

D.O.B. **01/06/1925**

UNIVERSITY OF WASHINGTON MEDICAL CENTER

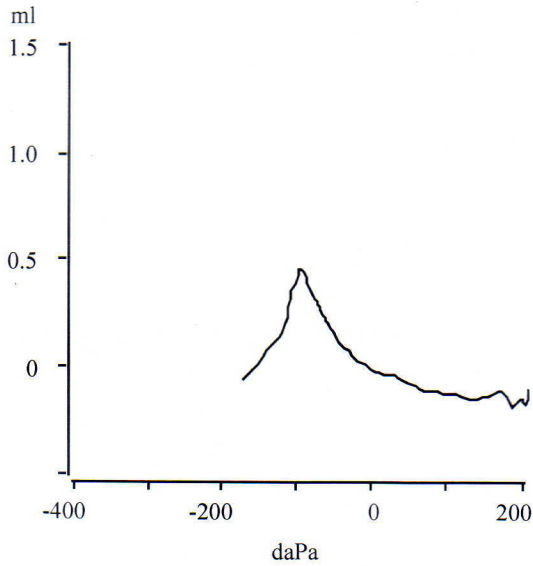
PAGE: 1 OF 1

AUDIOLOGIC EVALUATION

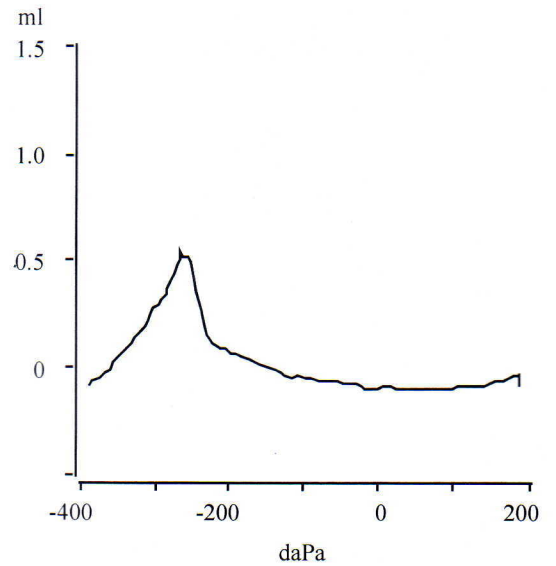


COPY

Tympanogram Screening, R



Tympanogram Screening, L



Tympanometry

	Right	Left
Probe Tone (Hz)	226	226
Ear Canal Volume	1.70	1.80
Peak Admittance (mL)	0.50	0.60
Peak pressure (daPa)	-70	-240
Curve Type	A	C

Reflex Decay		
Stim	500	1000
Right		
Left		

REFLEX THRESHOLD

Probe		Probe		Probe		Probe	
R	L	R	L	R	L	R	L
LC <input type="checkbox"/>	CONTRA <input type="checkbox"/>	LC <input type="checkbox"/>	CONTRA <input type="checkbox"/>	LC <input type="checkbox"/>	CONTRA <input type="checkbox"/>	LC <input type="checkbox"/>	CONTRA <input type="checkbox"/>
500 Hz		1000 Hz		2000 Hz		4000 Hz	
RI <input type="checkbox"/>	IPSI <input type="checkbox"/>	RI <input type="checkbox"/>	IPSI <input type="checkbox"/>	RI <input type="checkbox"/>	IPSI <input type="checkbox"/>	RI <input type="checkbox"/>	IPSI <input type="checkbox"/>

Abs- Absent CNT- Could Not Test UdB- Undefined level

Notes

Right Ear: WNL
Left Ear: negative pressure

EXAMINER SIGNATURE

Jeanne Hoffman

DATE

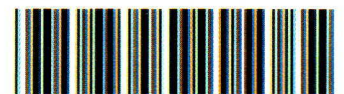
05/15/2023

Patient Identifier **U-8-17-01-35**

NAME **Hoffman, Jeanne**

D.O.B. **01/06/1925**

UNIVERSITY OF WASHINGTON MEDICAL CENTER



U1053

PAGE: 1 OF 1

MIDDLE EAR EVAL BY TYMPANOMETRY

COPY