

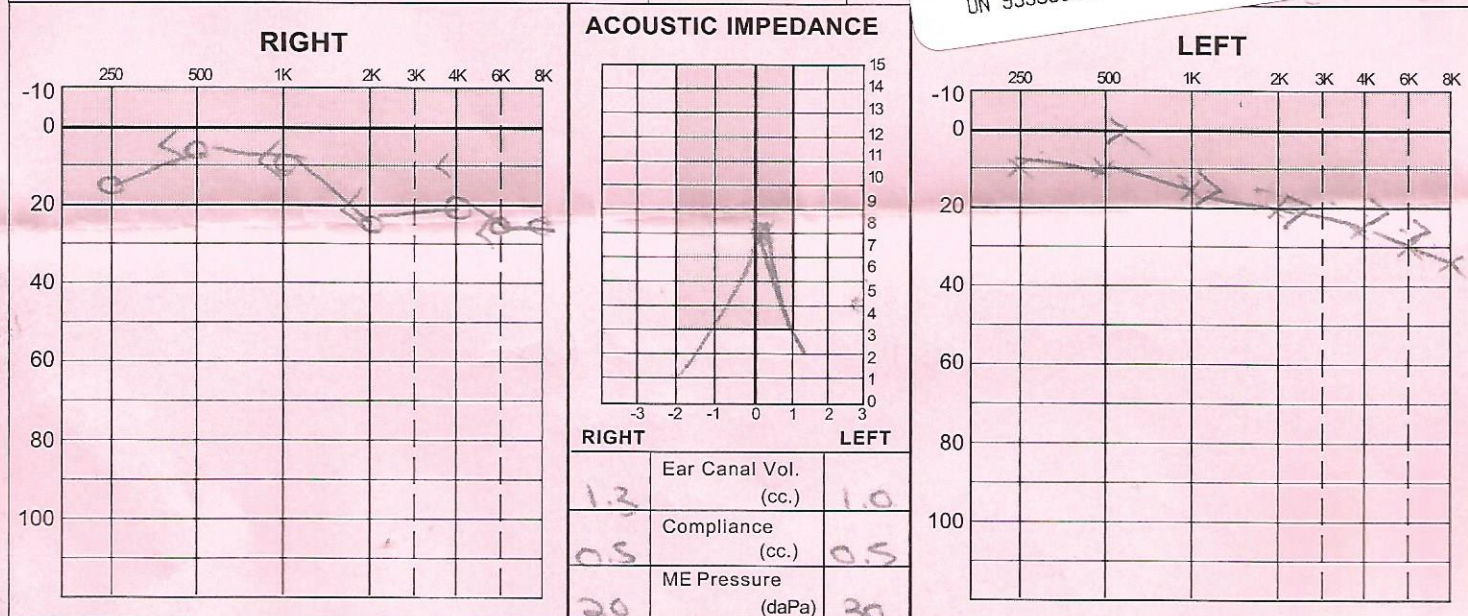


Patient ID

May-05-2016  
554531343  
J1173167  
May-20-1954 F  
GOESSERINGER, SONJA GABRIELE  
200-131 BLOOR ST W  
TORONTO ON M5S 1R8  
416-761-1220 DR. NO ATTENDING DOCTOR.  
ON 9555804047 EA May-20-2018 AUD / BENT

## Audiological Record

Date <i>May 5/2016</i>	Audiologist <i>M Reekie</i>
Referred by <i>Dr. Kathleen Doukas</i>	Audiometer <i>Audiotest</i>
Test Reliability: <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	ANSI 1996



Stim Right	500	1K	2K	<b>AUDIOGRAM KEY</b>					Stim Left	500	1K	2K
Ipsi		<i>85</i>	<i>85</i>	Ear	Air	Air-Masked	Bone	Bone-Masked	Ipsi		<i>85</i>	<i>85</i>
Contra				R	O	△	<	[	Contra			
Decay				L	X	□	>	]	Decay			

SRT. <i>15</i> dB	PB <i>10/10</i> % @ <i>80</i> dB	DNT= Did Not Test CNT= Could Not Test - = No Response	SRT. <i>15</i> dB	PB <i>10/10</i> % @ <i>80</i> dB
<input type="checkbox"/> Masked	<input checked="" type="checkbox"/> Masked	<b>Transducer Type</b> <input checked="" type="checkbox"/> Insert ER-3A <input type="checkbox"/> TDH Headphones	<input type="checkbox"/> Masked	<input checked="" type="checkbox"/> Masked
SRT. _____ dB	PB _____ % @ _____ dB		SRT. _____ dB	PB _____ % @ _____ dB
<input type="checkbox"/> Masked	<input type="checkbox"/> Masked		<input type="checkbox"/> Masked	<input type="checkbox"/> Masked
<input checked="" type="checkbox"/> CD <input type="checkbox"/> Live	<input type="checkbox"/> CD <input type="checkbox"/> Live <input type="checkbox"/> Lists		<input checked="" type="checkbox"/> CD <input type="checkbox"/> Live	<input type="checkbox"/> CD <input type="checkbox"/> Live <input type="checkbox"/> Lists

<b>Wave Latencies:</b> I _____ msec III _____ msec V _____ msec	<b>AUDITORY BRAINSTEM RESPONSE RESULTS</b>	<b>Wave Latencies:</b> I _____ msec III _____ msec V _____ msec
<b>Inter-peak Intervals:</b> I-III _____ msec III-V _____ msec I-V _____ msec		<b>Inter-peak Intervals:</b> I-III _____ msec III-V _____ msec I-V _____ msec
performed @ _____ dB nHL result: <input type="radio"/> Normal <input type="radio"/> Abnormal		performed @ _____ dB nHL result: <input type="radio"/> Normal <input type="radio"/> Abnormal

**Other Tests / Comments:** *Pt r/o possible gradual ↓ in hrg  
Normal eardrum movement b laterally  
Normal sloping to mild SNHL bilaterally  
Rx: Annual Recheck*

*M. Reekie*  
Audiologist Signature

Form No. 61202 Rev. 12/2001 - 3-Part NCK