

## Hearing Aid Fitting Summary

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

|  | Right Ear   | Left Ear  |
|--|---|---|
| <b>Hearing Aid Prescribed:</b>                               |   |   |
| <b>Date Verified:</b><br>(dd/MMM/yyyy)                       |   |   |
| <b>Real Ear to Coupler Difference (RECD):</b><br>(check one) | <input type="checkbox"/> Measured<br><input type="checkbox"/> Predicted<br><input type="checkbox"/> Use other ear values<br><input type="checkbox"/> Use previously measured values | <input type="checkbox"/> Measured<br><input type="checkbox"/> Predicted<br><input type="checkbox"/> Use other ear values<br><input type="checkbox"/> Use previously measured values |
| <b>Maximum Power Output (MPO):</b><br>(circle one)           | Yes      No   | Yes      No   |
| <b>SII Avg (65 dB):</b><br>(enter value)                     |   |   |
| <b>SII Soft (55 dB):</b><br>(enter value)                    |   |   |

Recommendations: \_\_\_\_\_

Notes: \_\_\_\_\_