



**CONFIDENTIAL**  
**AUDIOLOGICAL REPORT**

Department of Communicative Disorders and Sciences 1-716-245-5328

Speech and Hearing Clinic  
1-716-245-5332

Audiologist \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Equipment \_\_\_\_\_

Address \_\_\_\_\_

Otосcopy

Right	
Left	

\_\_\_\_\_ Date Seen \_\_\_\_\_

Birth Date \_\_\_\_\_ Parents \_\_\_\_\_

Sex \_\_\_\_\_ Referred by \_\_\_\_\_

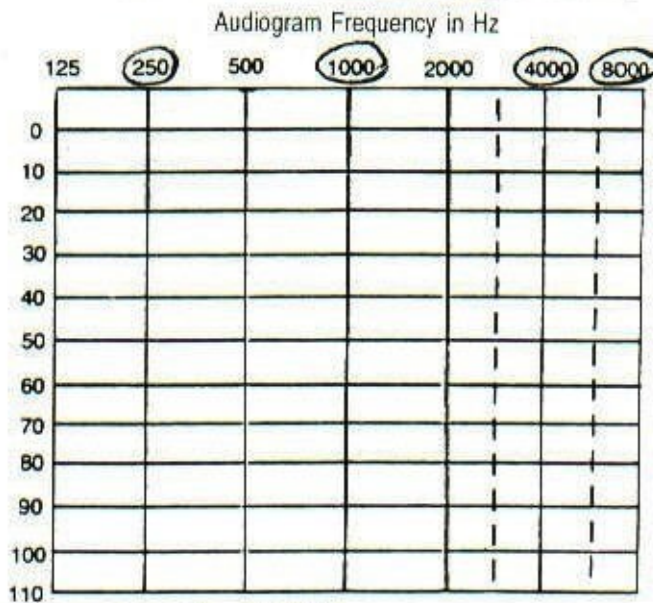
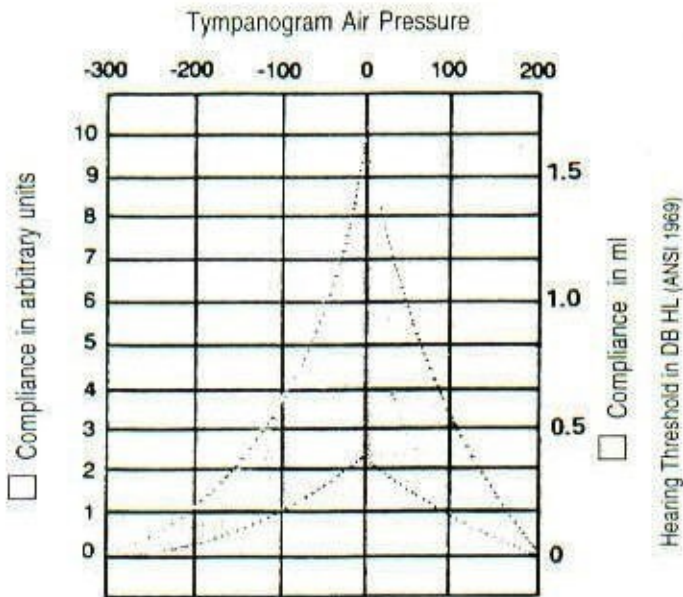
*Both ears at 4 frequencies*

EAR CANAL VOLUME

R	L

STATIC COMPLIANCE

R	L



Test	Right	Left		
Air Conduction Average				
Bone Conduction Average				
Speech Reception				
Speech Discrimination				
Most Comfortable Level				
Discomfort Level				

Reliability	
1 KHZ R	Recheck L
PTA/SRT Dif.	
2f AVE	R L
3f AVE	

Contralateral Acoustic Reflex

Stimulate Right				
Stimulate Left				

Ipsilateral Acoustic Reflex	500	1000	2000	4000
Stimulate Right				
Stimulate Left				

Legend	Air	Msk	Bone	Msk
Right	○	△	<:	[:
Left	×	□	:>	: ]

Other Tests

Right Left

Loudness Balance (ABLB)

\_\_\_\_\_

Bekesy Audiometry

\_\_\_\_\_

Short Increment (SIS)

\_\_\_\_\_

Tone Decay

\_\_\_\_\_