

## PEDIATRIC HEARING SCREENING RESULTS

Date of Exam: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

This patient's hearing was screened using otoacoustic emissions. The patient **referred** on the hearing screening in one or both ears. The purpose of this screening is to detect any hearing loss that could be detrimental to normal speech and language development.

The hearing screening result does not mean that the patient definitely has a hearing loss; however, it does mean that the patient needs further audiological evaluation to either rule out or confirm a hearing loss. Further evaluation by an audiologist experienced with pediatric assessment is recommended. Early detection of hearing loss is critical for language development and/or school success. If you have additional questions, do not hesitate to contact us.

An appointment has been made for further evaluation.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you have any questions, do not hesitate to contact us.

**Insert OAE Screener Sticker Here**