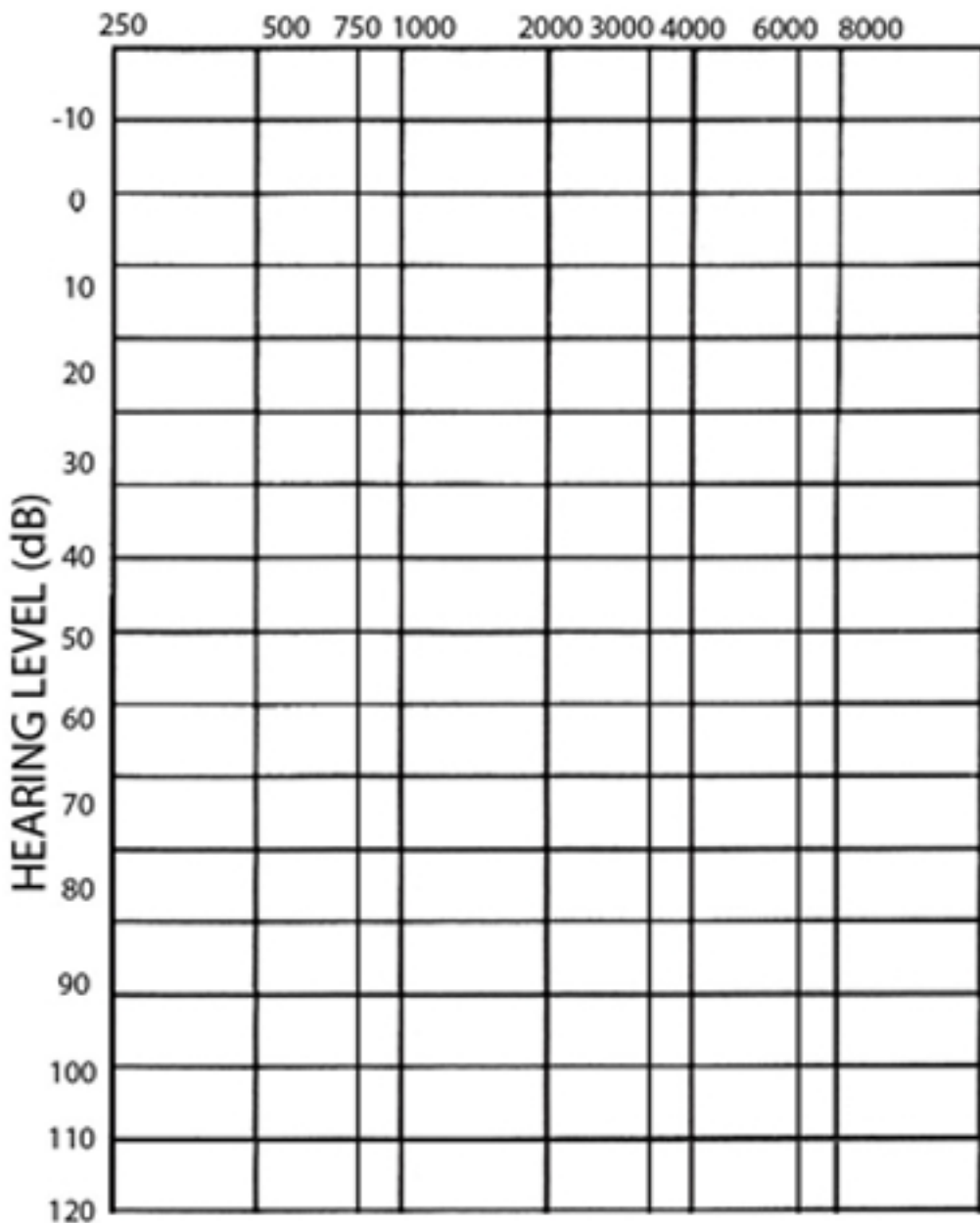


FREQUENCY (Hz)



Name: \_\_\_\_\_

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

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Audiologist: \_\_\_\_\_

Location \_\_\_\_\_

Comments: