AMPLIFICATION DEVICE NOTES

Patient Phone: _____ Dispense Date: _____ Warranty Expiration: _____

DATE	Otoscopic Exam Conducted		Impression Taken		Post Impression Exam Completed			DESCRIPTION OF SERVICE/FINDINGS:
	Yes	No	Yes	No	Yes	No	NA	

ST. VINCENT CHARITY
MEDICAL CENTER

2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL

MR.ADN

SVPOD-088 (9/08)