1 2 16 69	
Name Geneva Bazille	Sex F Age 18 Estimated Accuracy Covol
	Audiometer 6-5-46
Frequency	Speech Audiometry
125 250 500 1000 2000 4000	
	Threshold NR dB 5 dB dB
10	Masking dB dB dB
20 30	Word Recognition Scores
40 E	40 40 dbHL \$\mathbb{B} \% 100 \%\%
50 TACTILE	50 60/0 dbHL 8 % DNT% %
60	60 dbSL % %
70 5 5 5	70 dbSL % %
80 4 4	80 Masking NTE dB dB dB
90	90 U.C.L dB dB dB
100	100 M.C.L dB dB dB
110	10
AC BC DO NOT 23 2	Audio Code AIR BONE
LR LR LR LR LR LR	
Tympanometry	ROAS([Red
1.5	L X D Blue
1.2	
0.9	Tone Decay
0.3	Freq dB dB dB
	R.E dB dB dB
-400 -200 0 +200 +400	L.E dB dB dB
Peak Canal Compliance Pressure Volume Re	Profound SN bearing loss in Right en
Freq cm³ daPa cm³	rapino si creating com my my
R.E cm³ daPa cm³	
L.E cm³ daPa cm³	

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Baton Rouge, LA 70821

RE: Geneva Bazille

I saw Ms. Geneva Bazille on 2-19-99 for a comprehensive audiological evaluation. Ms. Bazille reports a history of a unilateral hearing loss. She states that she hears normally in the left ear but that there is a total loss of hearing in the right ear. She also has associated vision problems in the right eye. Ms. Bazille also complains of constant tinnitus (ringing and humming noise)in the right ear.

The patient is a classroom teacher. She comments that she has difficulty hearing and understanding speech when people speak at her right side. Generally, she hears well when persons speak at her left side but, even so, she experiences difficulty in understanding speech when people speak softly, are speaking to her from a distance or when a lot of competing background noise is present in the environment.

My current findings confirm Ms. Bazille report. She demonstrates normal hearing ability in the left ear. However, the right ear presents a profound (total) loss of hearing. The hearing loss is sensorineural and permanent in nature. Her work recognition score (the ability to hear and understand speech) is 0% in the right ear. Her complains are entirely consistent with this type of hearing loss. When a person hears from only one ear, it is harder to understand what a person is saying when there is a lot of noise going on in the background. This is also a problem when speech is occurring in a reverberant environment. In addition, if a person is too far away, or speaking softly, it is harder to understand what that person is saying.

Numerous things can be done to minimize the negative effect of these problems in the classroom situation: 1.) Small-group learning situations will be better, because they inherently involve closer proximity between teacher and student and reduces the noise levels within that smaller communicative space. If this situation could be better achieved by utilizing a teacher's aide or assistant than such a recommendation would be helpful. 2.) Any improvement in reducing the acoustic reverberation within the classroom would also be helpful. Examples would include carpeting, acoustic paneling on the ceiling and/or walls, or acoustic dividers used to separate certain work areas within the classroom. I would recommend that the viability of such modifications be studied and considered.

Other recommendations made to the patient include avoiding exposure to high levels of noise and consulting with an otolaryngologist at the first sign of any medical problem affecting the good left ear or the hearing of that ear.