

Sunshine Cottage

SCHOOL FOR DEAF CHILDREN

603 E. Hildebrand Avenue
San Antonio, Texas 78212
Phone: (210) 824-0579 Fax: (210) 826-0436

OTOLOGIC EXAMINATION SCHOOL YEAR: 2020 – 2021

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Date of Exam: _____

Cause of Hearing Loss: _____

Type of Severity of Hearing Loss: _____

Otoscopic Examination Results: _____

Test Results (CT Scan, MRI, etc.): _____

The child has been examined and can wear earmolds and/or hearing technology? Yes _____ No _____

Is genetic testing recommended? Yes _____ No _____

Is medical treatment recommended? Yes _____ No _____

Recommendations and Impressions: _____

Date of Return Appointment: _____

**** For SSC Office Use Only ****

Date Received: _____

Signature of Otologist/ENT

(Print) Name of Otologist/ENT

Phone Otologist/ENT