

## Chart notes

Patient name: \_\_\_\_\_

Clinician: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

### Right fitting

Depth of device (mm) Current: \_\_\_\_\_ Inserted: \_\_\_\_\_

Ear Cleaned: Y / N Lubrication used: \_\_\_\_\_

### Left fitting

Depth of device (mm) Current: \_\_\_\_\_ Inserted: \_\_\_\_\_

Ear Cleaned: Y / N Lubrication used: \_\_\_\_\_

Place sticker for right device here

Place sticker for left device here

Notes: \_\_\_\_\_

Clinician: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

### Right fitting

Depth of device (mm) Current: \_\_\_\_\_ Inserted: \_\_\_\_\_

Ear Cleaned: Y / N Lubrication used: \_\_\_\_\_

### Left fitting

Depth of device (mm) Current: \_\_\_\_\_ Inserted: \_\_\_\_\_

Ear Cleaned: Y / N Lubrication used: \_\_\_\_\_

Place sticker for right device here

Place sticker for left device here

Notes: \_\_\_\_\_

Clinician: \_\_\_\_\_ Date of appointment: \_\_\_\_\_

Reason for appointment: \_\_\_\_\_

### Right fitting

Depth of device (mm) Current: \_\_\_\_\_ Inserted: \_\_\_\_\_

Ear Cleaned: Y / N Lubrication used: \_\_\_\_\_

### Left fitting

Depth of device (mm) Current: \_\_\_\_\_ Inserted: \_\_\_\_\_

Ear Cleaned: Y / N Lubrication used: \_\_\_\_\_

Place sticker for right device here

Place sticker for left device here

Notes: \_\_\_\_\_