

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:	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
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Depth of device (mm) Current: Inserted:	Left fitting g Depth of device (mm) Current: Inserted: \$
Ear Cleaned: Y / N Lubrication used:	Ear Cleaned: Y / N Lubrication used:
Place sticker for right device here	Place sticker for left device here
Notes:	027-0255

