



Hearing Aid Fitting & Post-Fitting Report

Instructions

To be completed by the audiologist or hearing aid specialist. Please complete the Initial Fitting Acknowledgements and submit to TWC-VR immediately upon customer's receipt of hearing aids and signature. For payment, please complete all of the form and attach the audiogram.

Participant/Customer Information

Customer Name:	Case ID:
Phone:	Date of birth:

Initial Fitting Documentation

Documentation of the initial hearing instrument fitting must be provided to demonstrate the customer's improved hearing with the new hearing instruments. Check which evaluation(s) were performed and include a copy with this report.

- Real Ear Measurement
- Functional Audiogram – Unaided/Aided in Sound Field
- Word Recognition Scores - Unaided/Aided in Sound Field

Initial Fitting Dispenser Acknowledgements

- I have reviewed use and care of the hearing devices with the VRS customer.
- I acknowledge that I have activated the manual t-coil in the hearing aid (s), or have provided appropriate justification for not including a t-coil.
- I have scheduled an appointment with the customer, between 14 – 30 days from date of fitting, on:
- **TRIAL PERIOD** expiration date:

Type or print dispenser's name:	Telephone number: ()	
Hearing aid dispenser's signature: X	Examination date:	
Address:		
City:	State:	ZIP code:

Customer Acknowledgment Initial Fitting

I, the TWC-VR customer named below, have read the above and understand and agree that I am satisfied with the hearing aids and have been adequately instructed on how to best use the aids. I understand the 30 day trial period and am aware when it ends.

Type or print customer's name:	
Customer's signature: X	Date:

Post-Fitting

After at least 14 days, but before the trial period ends, the customer should return for a post-fitting with the Dispenser.

If an appointment cannot be scheduled at the initial fitting or within 14 days, the hearing aid dispenser must notify TWC-VR staff. The Counselor will contact the customer before the 30 day trial period ends, to verify they are still satisfied with their equipment.

NOTE- If the customer does not show up for their follow-up appointment and does not communicate dissatisfaction to their VR Counselor or Dispenser before the trial period ends, it is assumed the Customer is satisfied with the products and product performance in work or training environments.

Type or print dispenser's name:

Telephone number:
()

Hearing aid dispenser's signature:

X

Examination date:

Address:

City:

State:

ZIP code:

Customer Acknowledgment Post-Fitting

I, the TWC-VR customer named below, have worn the hearing devices and accessories in my workplace and/or in my training environment (for at least 14 days) and am satisfied with the assistance the equipment provides me.

Type or print customer's name:

Customer's signature:

X

Date: