

NAME OF THE HOSPITAL: \_\_\_\_\_

65). Behind The Ear Analogue Hearing Aid: S2P1.1

1. Name of the Procedure: Behind The Ear Analogue Hearing Aid

2. Indication:

Sensorineural Hearing Loss
Conductive Deafness- when surgery is refused/ not feasible/ failed

3. Does the patient presented with decreased hearing: Yes/No

4. If the answer to question 3 is Yes then is there evidence of sensorineural hearing loss documented through machine generated audiometry/ pure tone audiometry: Yes/No (Upload report)

For Eligibility for Behind The Ear Analogue Hearing Aid the answer to question 4 must be Yes

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

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