EQUIPMENT LABEL

CALIBRATION SITE/DATE_____

Place √ mark before the item to be serviced: _____AUDIOMETER _____TYMPANOMETER

_____ AUD/TYMP Combination _____OAE/TYMP Combination _____OTOACOUTSTIC EMISSIONS (OAE)

_____

Make Model# Serial #

I authorize the following services on-site: (Place √ before the desired service)

_____Calibration check-up for audiometer _____Full audiometer calibration, if needed

_____ Full Tympanometer calibration, even if only non-screened frequencies are out of specification Y / N

_____ Full Otoacoustic Emissions (OAE) calibration
(Some OAEs cannot be calibrated. You will be advised if your OAE is one of them.)

Authorized Signer_____
Name School (including ISD#)/Clinic/Agency

_____
Email Address Phone Fax

_____
Address

Bill to if different than above_____
Agency Name/Address

Purchase Order # _____ Date:_____

EQUIPMENT LABEL

CALIBRATION SITE/DATE_____

Place √ mark before the item to be serviced: _____AUDIOMETER _____TYMPANOMETER

_____ AUD/TYMP Combination _____OAE/TYMP Combination _____OTOACOUTSTIC EMISSIONS (OAE)

_____

Make Model# Serial #

I authorize the following services on-site: (Place √ before the desired service)

_____Calibration check-up for audiometer _____Full audiometer calibration, if needed

_____ Full Tympanometer calibration, even if only non-screened frequencies are out of specification Y / N

_____ Full Otoacoustic Emissions (OAE) calibration
(Some OAEs cannot be calibrated. You will be advised if your OAE is one of them.)

Authorized Signer_____
Name School (including ISD#)/Clinic/Agency

_____
Email Address Phone Fax

_____
Address

Bill to if different than above_____
Agency Name/Address

Purchase Order # _____ Date:_____