



Stony Brook **Medicine**

**REQUIREMENTS PRIOR TO A COCHLEAR IMPLANT EVALUATION  
AT STONY BROOK MEDICINE**

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

\_\_\_\_\_ has contacted the Speech and Hearing Department to schedule a cochlear implant evaluation. He/she has identified you as the primary hearing care professional responsible for hearing aid fitting and management. A recommendation for a cochlear implant will be considered after all appropriate hearing aid options are exhausted.

Prior to scheduling the appointment, the following will need to be forwarded to us. We are a shared care provider of the above listed patient; however, for your convenience we have enclosed a release of information signed by the patient or their guardian. Our fax # is 631-444-4582.

- All previous audiograms, even from years past.
- Current hearing aid settings and electroacoustical measurements of Gain and Output
- Real Ear Measurement- REAR or Speech Mapping for Loud, Medium and Soft speech (if possible) or other verification procedures.
- Validation procedures such as aided functional assessment and/or patient questionnaires that assess hearing aid outcome.

If measurements fall short of desired benefit, the dispenser should decide whether to adjust current amplification or have the patient undergo a trial with a more powerful or sophisticated model hearing aid.

A report will be forwarded to you when the evaluation is completed.

Thank You,

