



External Real Ear Measures (REM) For New Hearing Aid Fittings

Please include form number "83D72", worker claim number, and worker name on all attachments (i.e., top of every page). Also, label targets and input levels, as well as the hearing aid serial number on your attached REM tracings.

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Date of birth (yyyy-mm-dd)		Date of examination (yyyy-mm-dd) (REM to be done at first fitting)	

Clinic's information

Clinic		Payee number
Mailing address		
City	Postal code	Phone number (include area code)
Practitioner		Fax number (include area code)

Hearing aid information

	Make	Model	Style	Serial number
Right aid				
Left aid				

Real ear measure (REM) information

	Left aid	Right aid
Is there reserve stable gain available of at least 10 dB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing aid meets prescribed targets? (REMs submitted must show that the hearing aids can meet targets, then adjust for client comfort if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency compression?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signal used <input type="checkbox"/> Speech <input type="checkbox"/> Simulated speech		
If simulated REMs used, provide justification		

Claims Call Centre
Phone 604.231.8888
Toll-free 1.888.967.5377
M-F, 8 a.m. to 6 p.m.

Fax
604.233.9777
Toll-free 1.888.922.8807

Mail
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

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