



External Real Ear Measures (REM)

for New Hearing Aid Fittings

Please include form number "83D72," the WorkSafeBC claim number, and the worker's 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 real ear measure (REM) tracings.

Date of	submission												
Date (yyyy-mm-dd)													
Worker'	s information												
Last name	First name			1		Middle initial		Date of birth (yyyy-mm		dd) WorkSaf		feBC claim number	
Clinic in	formation												
Clinic					Fax number				Payee number				
Address													
City						Province				Postal code			
Phone num	ber			Practitioner									
Hearing	aid informati	on											
	Make Model				Style				Serial number				
Left aid													
Right aid													
REM information						Left a	id		Ric	ght aid			
Reserve stable gain available of at least 10 dB?						☐ Ye		□ No		Yes)	
Hearing aid meets prescribed targets? (REMs submitted must show that the hearing aids can meet targets, then adjust for client comfort if necessary)						☐ Ye		□ No		Yes)	
Frequency compression?						☐ Ye	es [□ No		Yes	□ No)	
Signal used	I ☐ Speech	☐ Sim	ulated sp	peech									
If simulated	d REMs used, provide	e justification	n										

Claims Call CentrePhone 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

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.