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To the Audiologist:

This patient referred to you needs an ear impression that is deep enough to reach the second curve in the ear canal. It is requested that silicone material be used to make the impression. This impression will be used for an in-the-canal (ITC) or completely-in-the-canal (CIC) digital aid which is not a hearing aid, but a speech prosthesis for the treatment of stuttering. The SpeechEasy™ is a digital, ITC or CIC auditory feedback device programmable for delayed auditory feedback and frequency altered feedback. These conditions have repeatedly been found to enhance fluency in the speech of stuttering subjects.

The patient needs to decide which ear they prefer to wear the device in. Factors that need to be considered in helping them make this determination include:

- Dexterity in putting aid in and out of ear
- Hand with which one uses the phone and the need for writing while on the phone
  - We highly recommend that the SpeechEasy™ be worn in the ear opposite the one a person uses to hold the telephone to unless there is a problem with dexterity in putting the aid in. In other words, if they typically hold the telephone to their right ear, they will want the impression made of their left ear. This means they will wear the SpeechEasy™ in their left ear.
- Hearing loss, if found
  - Please contact us if there is a hearing loss so we can discuss the factors for deciding the preferred ear for wearing the SpeechEasy™

The patient also needs a pure tone air and bone audiogram.

Please give the patient the ear impression, audiogram and this form to deliver to me at the time of their appointment in our office.

If you have any questions, please call Connie Dugan at 773-281-3039 or visit the SpeechEasy™ web site at [www.speecheasy.com](http://www.speecheasy.com) or [www.speecheasy.info](http://www.speecheasy.info)

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***To Be Completed by the Audiologist:***

Patient's Name: \_\_\_\_\_

The patient has expressed an ear preference for wearing the SpeechEasy™, therefore, I have taken an impression of the:

\_\_\_ Left Ear \_\_\_ Right Ear

Audiologist: \_\_\_\_\_

Phone: \_\_\_\_\_