

Lyric® Candidacy

Client name _____ DOB: _____

Provider _____ Date _____

1. Medical contraindication

(The client is not a candidate for Lyric if the answer is 'yes' to any of the questions below)

Yes No

- Have you ever had radiation therapy to the head or neck?
- Do you have a bleeding disorder (i.e. hemophilia A/B, Von Willebrand, etc.)?
- Do you have chronic ear pain? If yes, right ear left ear
- Do you have acute or chronic ear drainage? If yes right ear left ear
- Do you have acute or chronic outer, middle, or inner ear disease/disorder? If yes, right ear left ear

Is there evidence of:

- Perforated tympanic membrane? If yes, right ear left ear
- Malformation or deformity of the ear canal? If yes, right ear left ear
(i.e. interferes with Lyric placement)
- Is there insufficient cognitive ability to understand Lyric device use?

2. Additional medical clearance suggested for Lyric candidacy

(Please refer to the appropriate/managing physician if the answer is 'yes' to any of the questions below)

Yes No

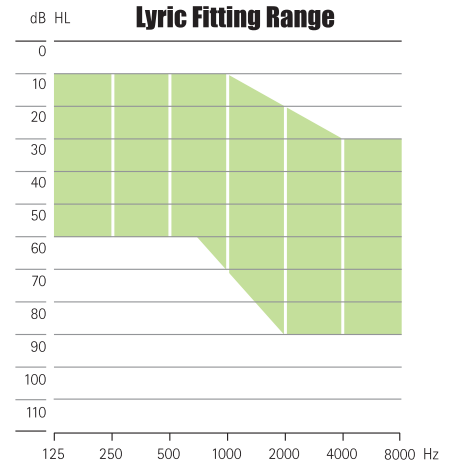
- Do you have uncontrolled or insulin-dependent diabetes?
- Do you take any anticoagulant medications (blood-thinners)?
- Do you have a compromised immune system?
- Do you have an implantable medical device (i.e. pacemaker, deep brain stimulation, etc.)?
- Have you had chemotherapy within the last 6 months?
- Is the client under the age of 21?

3. Noteworthy considerations

(Extra caution and counseling may be necessary if the answer is 'yes' to any of the questions below)

Yes No

- Do you have a need for regular MRI testing?
- Do you regularly swim under water?
- Do you scuba dive or sky dive?
- Do you have contact dermatitis?
- Is there evidence of exostosis? If yes, right ear left ear
- Is there evidence of an osteoma? If yes, right ear left ear
- Is there evidence of thin or dry skin in the ear canal? If yes, right ear left ear
- Is the ear canal geometry unsuitable (i.e. bulges, vertical step, V-shaped, too narrow)?
If yes, right ear left ear
- Is the audiogram within the Lyric fitting range? If no, right ear left ear



Lyric Sizing	Right	Left
Measured insertion depth	mm	mm
Achieved insertion depth	mm	mm
Device size		

Can the client wear Lyric?

Yes

Medical clearance required due to: _____

Physician name and discipline _____

No, due to: _____



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