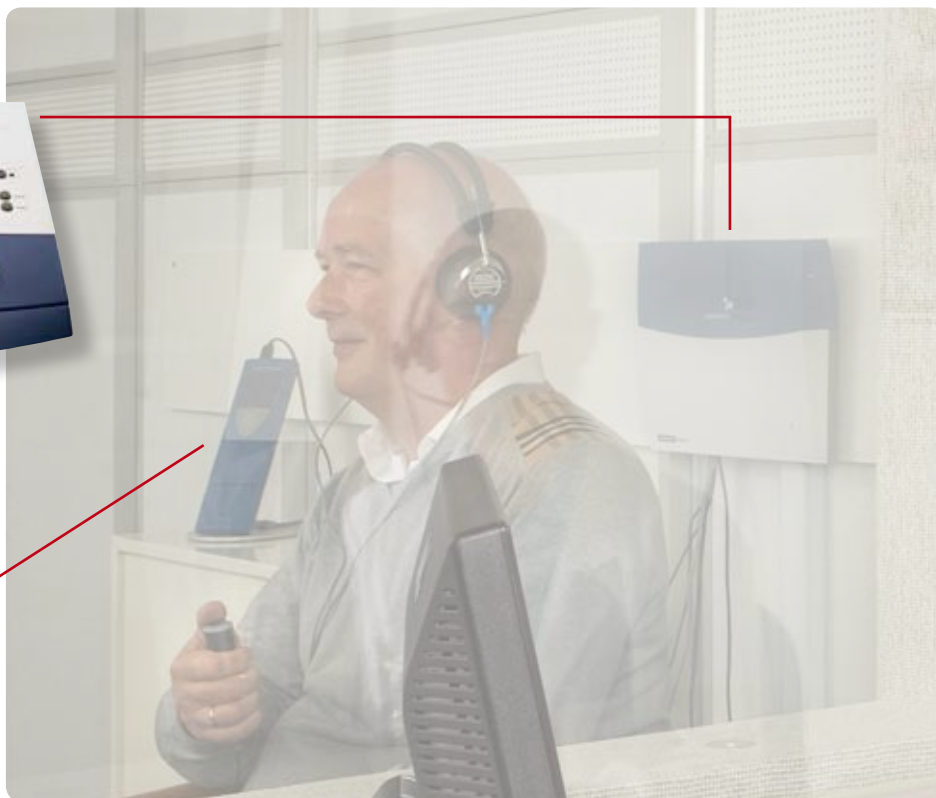


## *Astera-OTOflex combo – Benefit from a shared user interface and a one click combined reporting functionality*

**MADSEN Astera**



**MADSEN OTOflex 100**



# Save time with an integrated audiometry-immittance solution

**The MADSEN Astera and MADSEN OTOflex 100 combo offers you truly intelligent integration.**

Usability is key when it comes to measurement equipment. The Astera audiometer and the OTOflex immittance device share the same user-friendly software universe – called OTOSuite™ – which allows you to seamlessly transition from one test battery to the next.

With both instruments in your clinic, you have the benefit of a single point of entry for all audiometry and immittance testing. Eliminate the need to switch back and forth between individual applications and simply move from one work process to another, even if you are working in a NOAH environment.

The OTOSuite interface provides you with a user friendly and professional reporting tool. With a single click it allows you to carry out combined reporting including measurement data from both audiometry and immittance. The reports can even be customized with your name and logo.


Individually the MADSEN Astera and MADSEN OTOflex devices are state of the art. Integrated, they offer an unmatched technology platform that saves you time and improves the standard of patient care. Ask your Otometrics representative for more information.

● Hearing Assessment ● Fitting Systems ● Balance Assessment



**otometrics**  
MADSEN • AURICAL • ICS


# Combined reporting functionality...



## AUDIOLOGICAL EVALUATION

**Peter Larson**  
078-05-1120, Male  
Age: 38  
Birth date: 1970-11-14  
Report Date: 2009-03-05  
Tester: JLA

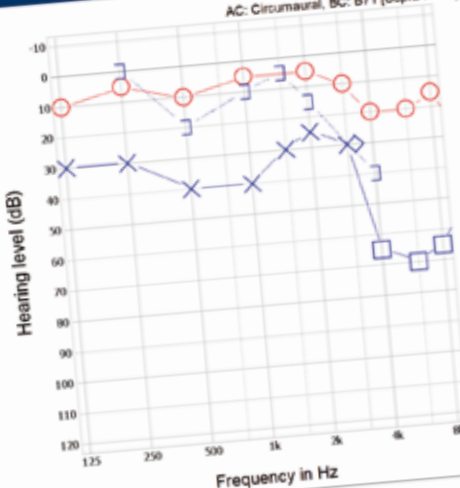
**Midwest Audio Center**  
444 S Wilshire Ave.  
Chicago, IL 60612  
(800)-444-5555



**Report comments:**  
History: Pt subjected to head trauma 8 months ago. See ENT record. Denies discharge, vertigo & imbalance. Problems communicating in noise. Recent addition of high pitched Tinnitus.  
Impressions: Mild conductive below 4 kHz, and moderate-to-severe sensorineural high frequency loss.  
Recommendations: 1. ENT consult. 2. Tinnitus consult.

### AUDIOMETRY

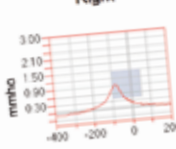
AC: Circumaural, BC: B71 [Supra-Aural]



BC AC	R	L	R	L
			35	30
	20	40	45	20
			20	35

### IMMITTANCE

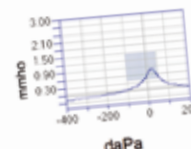
Right



daPa

<b>Tymp</b>	
Tone	226 Hz
SA	0,95 mmho
TPP	-82 daPa
ECV	0,89 ml
TW	78 daPa
Type	A

Left



daPa

<b>Tymp</b>	
Tone	226 Hz
SA	0,78 mmho
TPP	23 daPa
ECV	1,08 ml
TW	78 daPa
Type	A

	Threshold (dB HL)					Decay (s)	
	500	1k	2k	4k	BBN	500	1k
R Ipsi	95	95	95				
L Ipsi	406	406	406				
R Contra	406	406	406				
L Contra	406	406	100*				

Probe tone: 226 Hz

PTA (dB HL) / SII (%)			Rinne	Reliability	
	AC	BC	SII (%)	R: + L: -	Good
Right	6		99		
Left	35	15	73		

Weber		Stenger	
	L	T: -	S:

Speech	SDT		SRT		WRS / SRS 1			WRS / SRS 2		MCL	UCL
	dB HL	[m]	dB HL	[m]	%	dB HL	[m]	S/N	%	dB HL	[m]
Right	5	15			88	65	4	100	65		65
Left	35	43			78	80	[40]	4	98	80	[40]
Bin											
Note	1 Expected R: 78%, L: 50%							2 REC, NU-6			
Aided											
Note	1										

**Legend**

L	R	Masked
X	o	AC
>	<	BC
S	S	SF
M	M	MCL
U	U	UCL
+	+	NR

PTA AC: 500, 1k, 2k  
BC: 500, 1k, 2k

Signed by:

● Hearing Assessment ● Fitting Systems ● Balance Assessment

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