



THE UNIVERSITY OF ARIZONA
 MEDICAL CENTER
 University Campus



**COCHLEAR IMPLANT
 DATA SHEET**

 MEDICAL RECORD#

 DOB

 NAME

 VISIT#

Date of Surgery: _____ Time (military) of Surgery: _____
 Surgeon: A. Jacob & _____ Location: _____

Procedure:

Device:

Relevant Details from Surgery:

Impedance:

NRT:

Provider Signature: _____ ID#: _____ Date: _____ Military Time: _____