



**International Center for Atresia and Microtia
Reconstruction
California Ear Institute**

Date: _____

Patient Name: _____

E-mail: _____

Parent's Names: _____

Phone: _____

Address _____

Timezone: _____

City _____

Birthdate _____

State/Prov _____

Zip _____

Country _____

Microtia:

Ears Affected (circle one) Left Right Bilateral

Grade _____

Which type of outer ear repair? (circle one)

Medpor Rib Graft Soft Tissue Prosthetic or None Unsure

Outer ear reconstruction (circle one)

Started on _____ Not Started

Atresia

Ears Affected (circle one) Left Right Bilateral

Atresia (circle one) Complete Blind Canal Stenosis

International Center for Atresia and Microtia Reconstruction
California Ear Institute
1900 University Avenue, Suite 101
E. Palo Alto, CA 94303
650.494.1000 Fax 650.322.8228
atresiarepair@callear.com
<http://www.callear.com> AND <http://www.atresiarepair.com>

Medical History

Recurrent Ear Infections

Yes ___ in ___

No

Source of Atresia/ Microtia (check any that apply)

- | | |
|---|--|
| <input type="checkbox"/> Hemi-Facial Microsomia | <input type="checkbox"/> Branchio-Oto-Renal Syndrome |
| <input type="checkbox"/> Treacher-Collin's Syndrome | <input type="checkbox"/> Goldenhaar's Syndrome |
| <input type="checkbox"/> Facial Nerve Weakness | <input type="checkbox"/> 18-q Deletion |
| <input type="checkbox"/> Nager Syndrome | <input type="checkbox"/> Pfeiffer Syndrome |
| <input type="checkbox"/> CHARGE Syndrome | <input type="checkbox"/> Other (please detail) |

Surgery History

Amplification History

Other Comments

Please send this completed form, the patient's most recent CT (CDs preferred), and most recent audiogram to the address listed below

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