

TRAINING MANUAL

AVANT™ A2D+ Audiometer



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Introduction

The AVANT A2D+ Audiometer represents a new era of ultra compact diagnostic audiometry for your office. Compact yet rugged, this PC-Based system is USB powered and supports current ANSI and IEC audiometric tests. This manual assumes that the system hardware, software and drivers are installed and working properly. Please refer to the MedRx AVANT A2D+ Audiometer Installation Manual for assistance. The Installation Manual is included in the original AVANT A2D+ Audiometer packaging in both printed and PDF formats.

The scope of this manual is to get you “up and running” with the AVANT A2D+ Audiometer System. Please consult the interactive Help System within the software for more detailed information of features and functionality. To access this tool, press the F1 key at any time, or click the Help icon or text menu with your mouse. Access these by clicking on the “Help” tab at the top of the screen, and select “Help Topics”. Select an item from the list in the Index tab and click “Display”.

This unit is a Type 2 AE audiometer that meets the requirements of both ANSI S3.6 and IEC 60645-1 and IEC 60645-2. Those standards specify the required precision that the AVANT A2D+ does achieve. Measurement uncertainty is +/- 1 dB. This device and transducers are intended for use at test frequencies between 125 Hz and 8000 Hz.

The AVANT A2D+ Audiometer is an electronic instrument intended for the testing of human hearing using both Tone and Speech audiometry. This device meets the specifications and tolerances for audiometers and standard reference threshold levels for audiometric transducers such as supra-aural, circumaural, and insert earphones; bone vibrators; and loudspeakers as defined in ANSI S-3.6 and IEC 60645.

The AVANT A2D+ Audiometers are typically used to measure patient hearing loss, the degree of hearing loss and to create audiograms that will be used by the manufacturer of hearing aids to set the correct gain levels for various frequencies.

The AVANT A2D+ Audiometer conforms to the RoHS directive 2011/65/EU when used with the supplied accessories.

The AVANT Audiometer Software Overview

General Overview

The AVANT Audiometer software can run stand-alone or from NOAH™ System or the TIMS® NOAH- Compatible Office System.

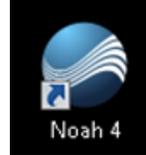
Launching the AVANT Audiometer Software

Stand Alone



- Double click the **AVANT Audiometer** shortcut on your Windows Desktop.

NOAH



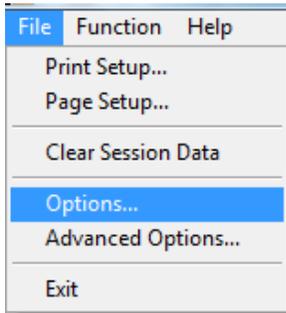
- Launch **NOAH**.
- Launch **Avant Audiometer module** following **NOAH** procedures.

Software Options

Basic Options

Several options are available which allow the user to customize the AVANT Audiometer Software to meet their needs.

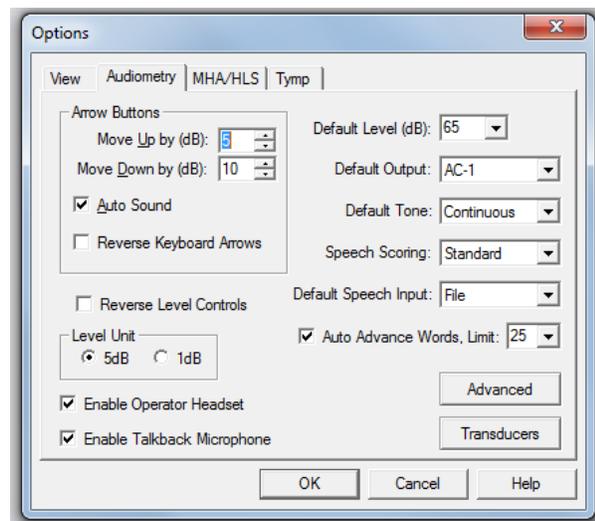
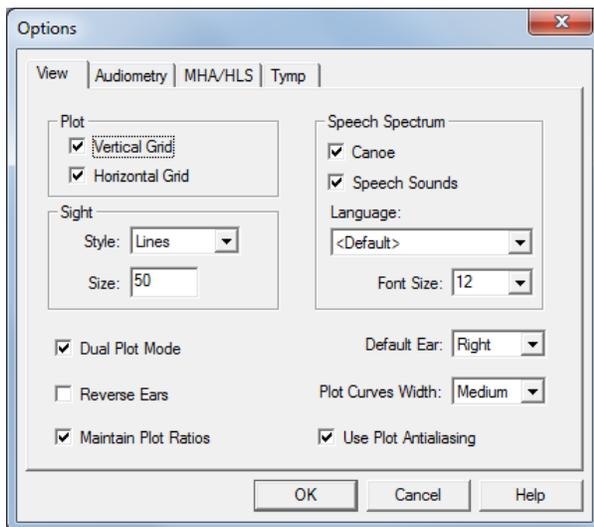
Access these options from the File Menu on the AVANT Audiometer Main Screen as **shown** below.



The Options may also be accessed from the Audio screen by clicking on the **Options** text menu as shown below.

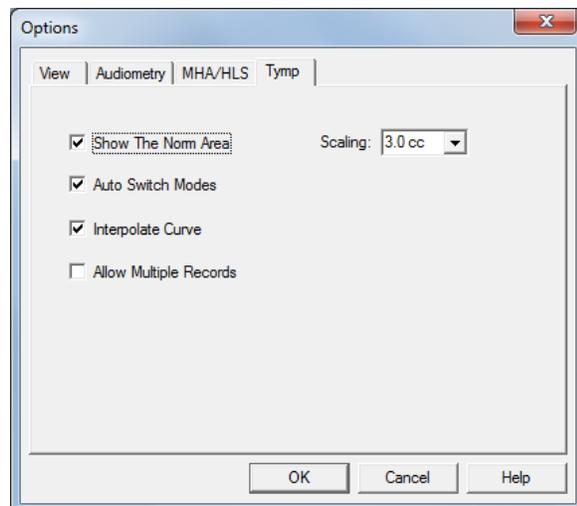
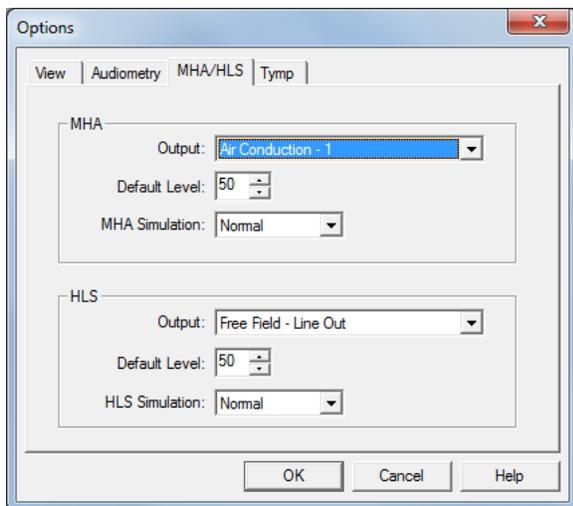


The screen shots below detail the Basic Options available in the AVANT Audiometer software.



The **View** tab allows you to set the default appearance of the test environment.

The **Audiometry** tab sets the look and behavior of the A2D+ audiometer.



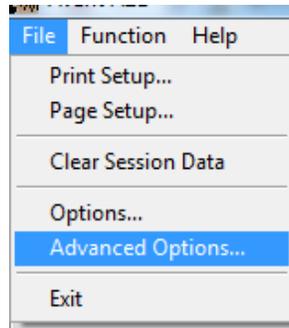
The **MHA/HLS** tab sets the default look and behavior of the Master Hearing Aid and Hearing Loss Simulator.

If your system has a **Tympanometer** connected, this tab will assist in configuring the look of the display.

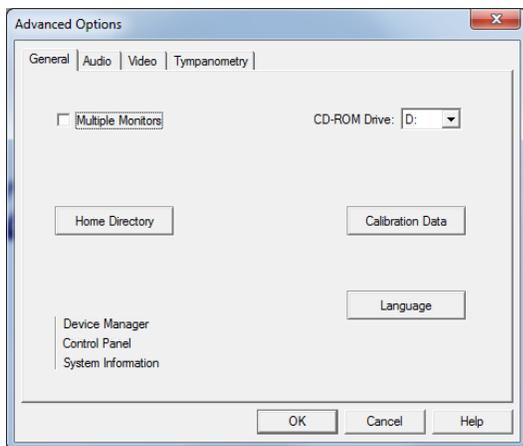
NOTE: Remember, more information is always available in the Interactive Help System by clicking the Help Icon or pressing the F1 key.

Advanced Options

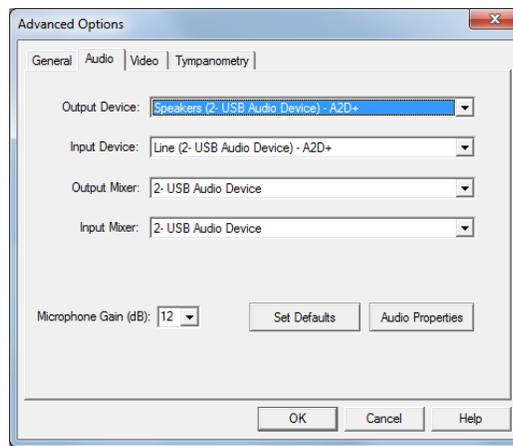
The Advanced Options screen allows you to configure your system to meet your individual clinical needs. It also provides MedRx Technical Support with tools for helping you troubleshoot technical issues. Access this screen from the File Menu on the Avant Main Screen as shown to the right.



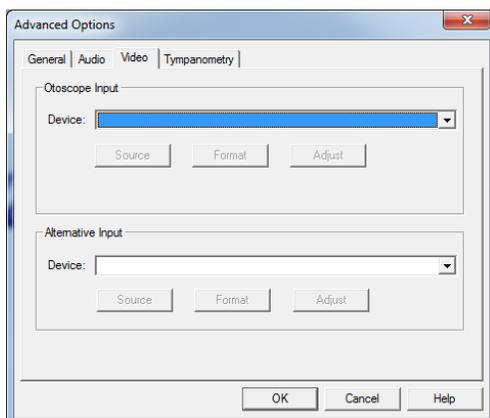
The key features of each tab are described below. For more in-depth information, consult the interactive Help system within the software by pressing the F1 key or clicking the Help icon.



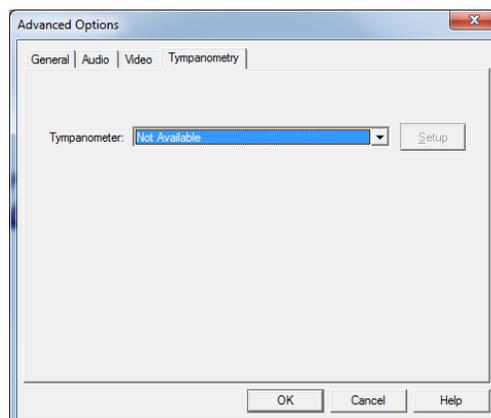
The **General** Tab configures the overall AVANT A2D+ Audiometer behavior with respect to other Windows programs, specifically NOAH.



Use the **Audio** Tab to select the proper audio device for your A2D+ Audiometer. This tab also provides access to the Windows Audio controls.

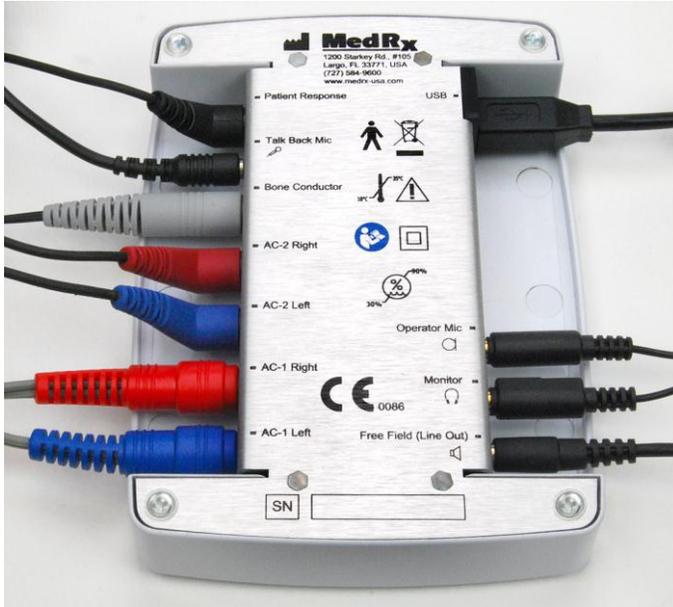


If your system has a Video Otoscope, the **Video** tab allows you to select the appropriate device driver.



If your system has a **Tympanometer** connected, use this tab to identify it and ensure the driver and software that control it are correctly installed.

Preparing for Testing



Connecting the Peripherals

Connect the peripherals before testing a patient. Using the pictures below, locate each of the accessories and plug them into the unit as shown here.

If you are installing the A2D+ Audiometer outside of a sound booth, connect the Patient Response, Talkback Mic, Bone Conductor, Speakers and Earphone cables to the inside of the patch panel and then connect your patch cables from the outside of the patch panel to the A2D+ as shown. If your booth did not include patch cables these are readily available from electronics or stereo stores, or from MedRx.

To install the A2D+ Audiometer inside the booth, simply reverse the above, connecting the operator side cables (USB, Operator Mic and Monitor) to the patch panel. In most booths, the USB cable will need to pass through the booth and be packed with foam and caulking. Consult your booth installer for specific instructions.



IP30 Insert Earphones
Standard



Supra-Aural Headphones
Optional



Bone Conductor



Talkback Microphone



Patient Response Switch



Operator Mic & Monitor



USB Cable



3A Insert Earphones
Optional

Use the accessories provided with your Avant A2D+. Typical acceptable transducers are shown on the “Preparing for Testing” page in the training manual. Operator headsets for use with the Avant A2D+ should have 32 ohms impedance and the speaker power should be at least 50 watts. Air conduction transducers for use with this device should have an impedance of 10 ohms. The speaker voltage should match the local mains voltage where the device is used.

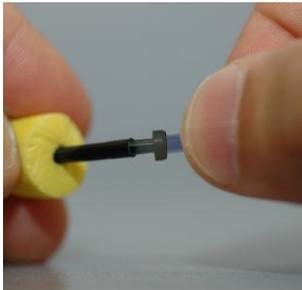
The Operator Headset with microphone is used by the device operator to communicate with the patient. The patient talks to the operator using the Talk-Back microphone. 

Placing the Earphones on the Patient

The Avant A2D+ standard configuration includes IP30 Insert Earphones. Supra-Aural Headphones and Eartone 3A Insert Earphones are also available by request. The figures below illustrate how to properly place these earphones on the patient.

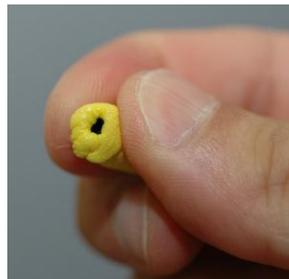
Insert Earphones

IMPORTANT: The foam tips used for the insert earphones are for **SINGLE PATIENT USE ONLY**. Do not attempt to wash and re-use them.



1. Place a new set of foam tips on the earphone tubes as shown. These tips are designed for single patient use and should not be washed and reused.

- **NOTE:** When removing foam tips after use, be sure the clear plastic tubing nipple remains attached to the long earphone tube.



2. Carefully compress the tip between your fingers to allow it to fit into the patient's ear canal as shown. Do not roll the tip between your fingers.



3. Pull up and back on the patient's pinna to straighten the ear canal.
4. Place the compressed foam tip deep within the ear canal.
5. When properly placed, the outer surface of the insert tip will be flush with the opening of the ear canal as shown.

Supra-Aural Headphones



1. Place the headphones on the patient's head so the center of the headphone is directly over the opening of the ear canal.
2. Adjust the headband so the headphones remain in place, but be careful not to make it so tight as to cause patient discomfort.

Placing the Bone Conductor



1. Locate the mastoid process behind the pinna. This is the bony shelf just behind where the ear meets the head.
2. Carefully place the bone conductor on the mastoid process and hold it in place.
3. Place the headband over the head to the opposite temple.
4. Carefully and slowly loosen your grip to check if the bone vibrator and headband will stay in place.
5. If either moves, reposition until both the headband and bone vibrator are secure.

Sound Field Testing

The Sound Field speakers (Free Field) should be connected using optional or user supplied amplifier and speakers. They should be calibrated annually as per ISO 8253-2, located at least 1 meter from the patient ear and at the same height.

Device Maintenance

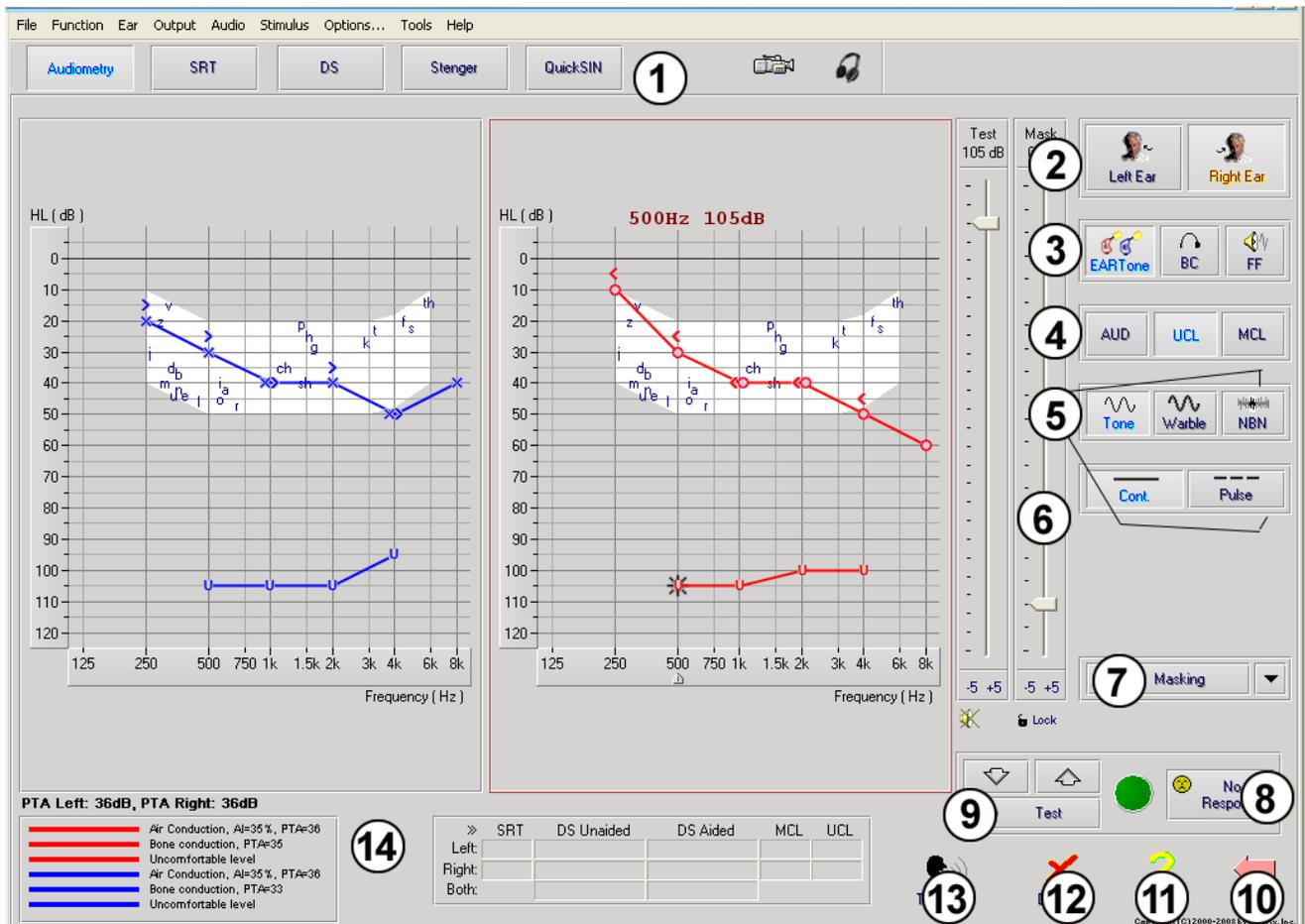
Annual re-calibration of the transducers used with the Avant A2D+ is recommended. There are no user repairable components of this device.

Refer to the Installation Manual for care and cleaning instructions.

Customer supplied components of this Medical Electrical system should be cleaned and maintained according to their manufacturer's instructions. (laptops, amplifiers, etc.)

Performing Audiometric Testing

The screen shot below shows the controls which are available from the Audiometer main window. The sections of the manual that follow explain how to use these tools to perform hearing evaluations using your A2D+ Audiometer.



1. Test selection tool bar
2. Ear selection
3. Output selector
4. Test Type Selector
5. Tone Type Selectors
6. Output Level Potentiometers
7. Masking interrupter and routing selector

8. No Response button
9. Test Interrupter
10. Back
11. Help
12. Discard
13. Talk Over
14. Legend

Pure Tone Audiometry

Pure Tone Audiometry measures the patient's peripheral hearing sensitivity, or the softest levels they can hear pure tones at a variety of frequencies. These thresholds are plotted on a standard graph called an audiogram. The AVANT Audiometer software controls the hardware, stores the data (if running within NOAH or TIMS) and prints a standard audiogram report. Pure tone Audiometry can be performed via earphones or a Bone Conductor (Bone Conduction).

Prerequisites:

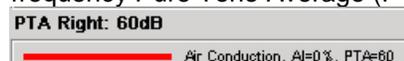
- Before performing audiometry, careful inspection of the ear canal should be performed. This is best done with Video Otoscopy. After ensuring the ear canal is clear, place the appropriate transducer on the patient as shown on page 8 & 9.

Pure Tone Audiometry via Earphones (IP30 Insert Earphones, Eartone 3A Inserts or Supra-Aural Headphones)

1. From the main A2D+ Window, click the  button on the right side menu bar.
2. By default, the  button will be selected once you enter the main Audiometry Screen. Other default settings (based on typical clinical practice and procedures) are:
 - a. Right Ear
 - b. AC (Air Conduction)
 - c. Tone Stimulus
 - d. Continuous Tone
3. Instruct the patient that they will hear several very quiet (soft) tones (beeps) and that they should signal (raise their hand, press the patient response button, etc.) as soon as they hear it. It is helpful to also say “even if it seems very far away”.
4. Begin at 1000 Hz in the Right ear (unless the patient reports better hearing in the left ear).
5. Present a tone at 60 dB by pressing the space bar or clicking the  button.
6. If the patient does not hear the tone (does not signal), raise the level 5 dB using the up arrow on your keyboard and present again.
7. Repeat step 6 until the patient signals that they hear the tone.
8. When the patient signals they hear the tone, decrease the level by 10 dB and present the tone again.
9. Repeat steps 6 through 8 until the patient responds to a tone at the same level 2 times with the level ascending.
10. Using the right arrow key, change the test frequency to 2000 Hz and repeat steps 5 through 8 to establish the threshold at 2000 Hz.
 - NOTE: If the threshold at 2000 Hz is more than 20 dB different (less than or greater than) the threshold at 1000 Hz, repeat steps 5 through 8 at 1500 Hz (the “half octave” between 1000 Hz and 2000 Hz).
11. Repeat steps 5 through 8 for 4000 Hz, 8000 Hz, 500 Hz and 250 Hz.
12. Repeat steps 5 through 11 in the opposite ear.

NOTE: The software automatically calculates the 3-frequency Pure Tone Average (PTA) which is

displayed above and inside the legend as follows:

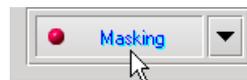


Pure Tone Audiometry via the Bone Conductor

1. Following the instructions on page 9, place the Bone Conductor on the mastoid process behind the ear with better air conduction thresholds as measured above. If the thresholds are equal, place the Bone Conductor on the mastoid process behind the right ear.
2. Establish bone conduction thresholds as described above (see page 11, steps 5-8) for 1000 Hz, 2000 Hz, 4000 Hz, 500 Hz and 250 Hz.
3. If the Bone Conduction (BC) threshold at a given frequency is less (better) than the Air Conduction (AC) threshold by 15 dB or more, you must confirm the threshold by performing masking.

Masking for Pure Tone Audiometry

There are several accepted methods for masking. This manual will not promote one over another, however, to use the masking function on the AVANT A2D+ Audiometer, follow the steps below:



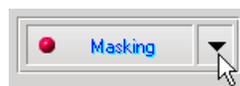
1. Click the **Masking** button. The red light will appear indicating that the masking is on.



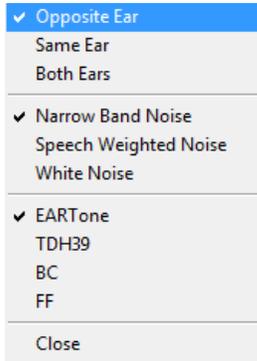
2. Use your mouse to adjust the Masking Level slider shown on the left to the appropriate level based on your preferred method of masking.



3. If you wish to maintain the balance of signal and masking (for example, masking always 30 dB above the signal), click the **Lock** button after setting the masking and signal levels.



4. The default for pure tone audiometry is to deliver narrow band masking to the ear opposite the test ear. If you wish to use a different stimulus, or route the masking to the same or both ears, click on the **arrow** to the right of the Masking On button.



5. Use your mouse to select the new masking type and routing for your specific application.
6. When you are finished making changes to the Masking, click **Close**.

Speech Audiometry

Speech audiometry evaluates how well the patient can hear and understand speech. The typical test battery includes tests of speech threshold and tests of speech discrimination.

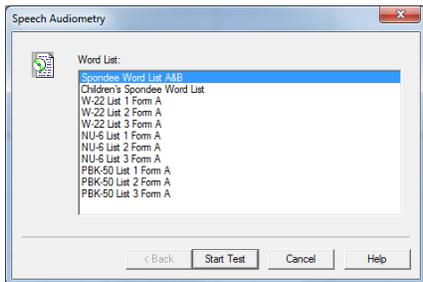
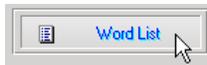
The sections below detail how to perform these tests on the AVANT A2D+ Audiometer.

Speech Reception Threshold (SRT)

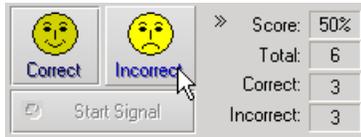
The Speech Reception Threshold (SRT) is defined as the lowest level at which the patient can repeat Spondee words with 50% accuracy. Spondee words are two syllable words with equal vocal emphasis on each syllable such as “baseball” or “hotdog.”

Instruct the patient that they will hear a series of two-syllable words that will get quieter as the test progresses. They are to repeat the words as best they can, even if they sound very far away. If they are not sure of a word, they should take a guess.

SRT is typically started 10-20 dB more or less than the patient’s Pure Tone Average, which is displayed on the lower left of the screen. Set the level of the test signal to 10 dB above the PTA and follow the steps below.



1. From the Avant Audiometer main screen, click the **Audiometry** button.
2. Click the **SRT** button located on the toolbar on the top of the screen.
3. Click the **Word List** button.
4. Select **Spondee Word Lists A&B** from the list.
5. Click **Start Test**.



6. Click the **Play** button or press the F9 key to present a word. The word will play through the chosen transducer as well as display on the screen.
7. If the patient correctly repeats the word, click the **Correct icon** or press F7.
8. If the patient incorrectly repeats the word, click the **Incorrect icon** or press F8.

Note that the score is calculated and displayed automatically.

If the patient exceeds a 50% score at a given presentation level, stop the test and decrease the level by 10 dB and repeat the steps above.

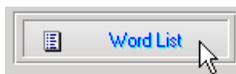
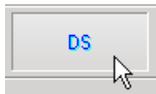
If the patient fails to achieve a 50% score after 6 words at a given level, stop the test, raise the level 5 dB and repeat the steps above.

When the patient scores 50% at a given level, the test is complete. The software automatically plots the score on the SRT graph.

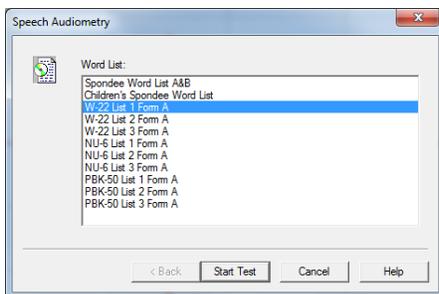
Speech Discrimination (DS)

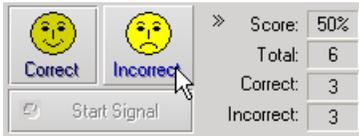
Speech Discrimination (DS) is a discrimination, or recognition type test using speech as the stimulus. DS testing measures the percentage of mono-syllable words repeated correctly from a phonetically balanced list. Unlike the SRT test, the DS test is performed at a fixed intensity (dB) level. Typical patients will score their best on DS testing at a level between 35 and 40 dB above their SRT.

Before beginning the test, instruct the patient that they will hear a series of one-syllable words. They are to repeat the words the best they can. If they are not sure of a word, they should take a guess.



1. From the Avant A2D main screen, click the **Audiometry** button.
2. Click the **DS** button located on the toolbar on the top of the screen.
3. Click the **Word List** button.
4. Select the desired Word List from the list. The **W-22** or **NU-6** lists are good choices for typical adult patients. When testing children, the PBK lists should be used.
5. Click **Start Test**.





6. Click the **Play** button or press the F9 key to present a word. The word will play through the chosen transducer as well as display on the screen.
7. If the patient correctly repeats the word, click the **Correct** icon or press F7.
8. If the patient incorrectly repeats the word, click the **Incorrect** icon or press F8.

Note that the score is calculated and displayed automatically. The test is complete when all words in the list have been presented. The software automatically plots the score on the DS graph.



9. Click the **Advance button >>** or press the F10 key to present the next word. Score accordingly as described above.

QuickSIN (Optional)

Purpose of the QuickSIN

The primary complaint of hearing-impaired persons is difficulty hearing in background noise. The measurement of SNR loss (signal-to-noise ratio loss) is important because speech understanding in noise cannot be reliably predicted from the pure tone audiogram (Killion & Niquette, 2000).

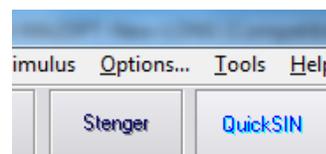
The QuickSIN test was developed to:

- Provide a one-minute estimate of SNR loss
- Provide a quick way for clinicians to quantify a patient's ability to hear in noise
- Determine if extended high frequency emphasis improves or degrades understanding of speech in noise
- Assist professionals in choosing appropriate amplification and other assistive technologies
- Demonstrate that hearing aids with directional microphones improve speech intelligibility in noise
- Provide a large number of equivalent test lists for use in clinical and research work
- Provide information useful in counseling patients regarding realistic expectations

Performing the QuickSIN



- From the Avant Audiometer main screen, click the **Audiometry** icon.

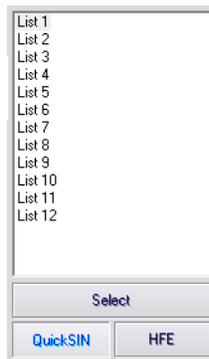
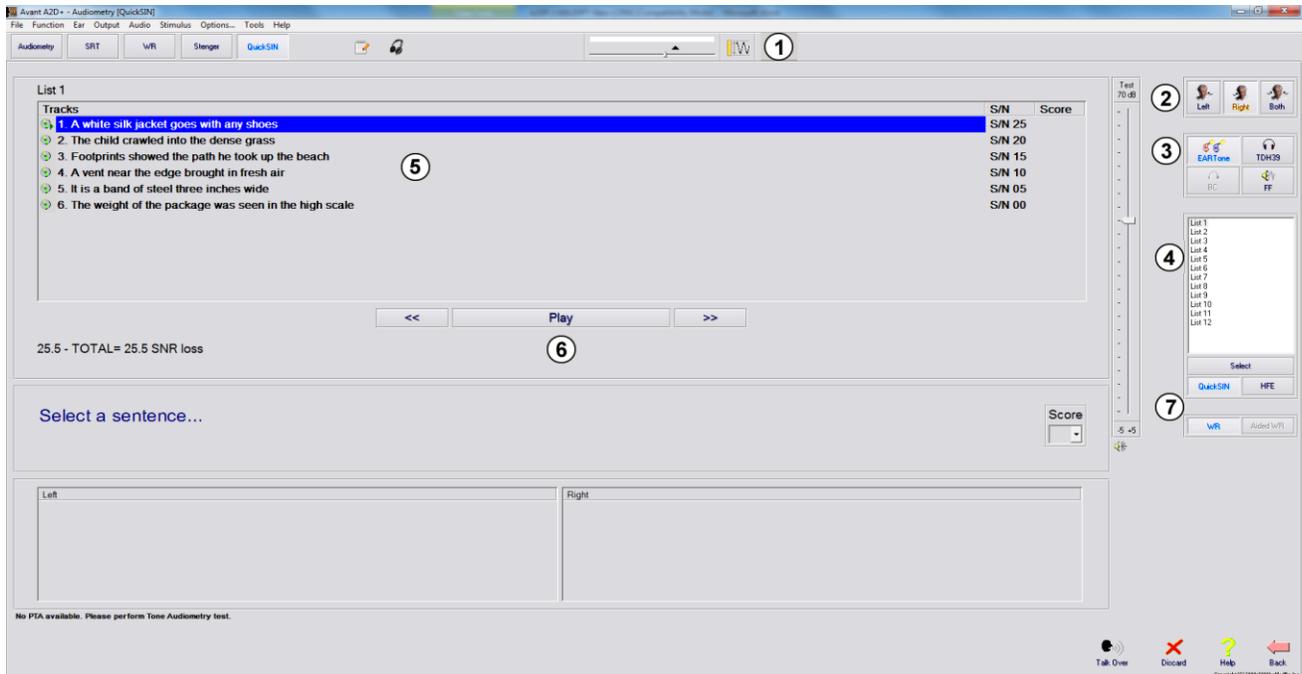


- Click the **QuickSIN** button on the top of the Audiometry screen.

The screenshot below shows the key features of the QuickSIN.

- Calibration Button
- Ear Selector
- Output Selector

- List Selector
- Track Display
- Track Control
- Test Type Selector



1. Select a list from the List Selection Window one of the following two ways:

- Click the list, then click **Select**.
- Or Double-Click the **list number**.



2. Play the first sentence in the list by clicking the **Play** button.

Ask the patient to repeat the sentence.

List 1

Tracks	S/N	Score
2. The child crawled into the dense grass	S/N 20	4
3. Footprints showed the path he took up the beach	S/N 15	3
4. A vent near the edge brought in fresh air	S/N 10	3
5. It is a band of steel three inches wide	S/N 05	2
6. The weight of the package was seen in the high scale	S/N 00	1

<< Play >>

25.5 - TOTAL= 7.5 SNR loss (Average SNR loss = 7.50)
 Moderate SNR loss. Directional Microphones help. Consider array mic.

The w e i g h t o f t h e p a c k a g e w a s s e e n i n t h e h i g h s c a l e

Score: 1

Left: [] Right: List 1; Unaided; AC; Level=70 dB; SNR loss=7.50 dB

3. Score the patient's response one of the following ways:
 - a. Click the **check-box** of each correct key word with your mouse. This will record the total number of correct key words in the Score pull-down.
 - b. Record the total number of correct key words using the Score pull-down or by pushing 1-5 key on the keyboard.
4. Click the next sentence and then click **Play** or click **>>**. This will advance & play.
5. Repeat steps 2-4 until all 6 sentences in the list have been played and scored.

List 1

Tracks	S/N	Score
2. The child crawled into the dense grass	S/N 20	4
3. Footprints showed the path he took up the beach	S/N 15	3
4. A vent near the edge brought in fresh air	S/N 10	2
5. It is a band of steel three inches wide	S/N 05	1
6. The weight of the package was seen in the high scale	S/N 00	0

<< Play >>

25.5 - TOTAL= 10.5 SNR loss (Average SNR loss = 10.50)
 Moderate SNR loss. Directional Microphones help. Consider array mic.

The w e i g h t o f t h e p a c k a g e w a s s e e n i n t h e h i g h s c a l e

Score: 0

After all six sentences are scored, the following results are displayed:

- Total SNR Loss in dB.
- Recommendations.

Additional information on interpreting the QuickSIN is available in the Interactive Help system. Top access this, click the **Help** icon or press the F1 key.

Hearing Loss Simulator

The **Hearing Loss Simulator** demonstrates the effect of the client's hearing loss for the significant third party. The program attenuates an input signal to simulate the audiogram. The third party listens to the free field speakers. The third party can hear how their own voice is distorted by the hearing loss when the **Record** input option is used.

The Hearing Loss Simulator requires the client's Audiogram data. This data can be manually entered in the Audio screen of this or any other task.

How to perform the Hearing Loss Simulator task

1. Select the **Hearing Loss Simulator** tab on the toolbar.
2. Enter the Audiogram values manually if the data is not automatically imported to this screen.
3. Select the input signal type: **Mic**, **File** or **Record**. Select the track and the **Play** button on the control panel. See below for instructions on how to use the Record option. The HLS output is directed to the free field loudspeakers.
4. Select **Normal** to play the input signal as a person with normal hearing would perceive it. Select **Simulated** to turn on the simulation of the client's hearing loss. Toggle between these selections as necessary.

5. The **Reset** option restores the audiogram to the original state. Use this option if you have modified the audiogram while in the simulate mode but want to undo the changes. The changes to the Audiogram that are made on the HLS screen are temporary and will not affect the client's original audiometry record.
6. A volume control adjustment bar allows modifying the audio for manual adjustment of the output level of the free field speakers. This allows the practitioner to demonstrate improvements to hearing loss with amplification or what happens when further hearing loss occurs.
7. To stop the playback, select the **Stop** button on the player.

Note: It is recommended you use a variety of tracks from the list to demonstrate the hearing loss.

Record Input Option

This option allows recording and play back of the voice of the third party.

Note: The LSM option appears on the bottom half of the display. This is so the unaided and aided results can be displayed simultaneously for the patient and significant third party.

Master Hearing Aid

Master Hearing Aid is an alternative to using a stock hearing aid to demonstrate the benefits of amplification to an inexperienced user. The system applies the fitting rules by default to the patient's audiogram and simulates a hearing aid. The patient listens to this signal through the headphones. Options for editing the gain applied to the audiogram are provided.

About the Master Hearing Aid Display

The Master Hearing Aid screen displays a graph with dB Gain on the vertical axis and Frequency in Hz on the horizontal axis. The plot on the graph represents the gain applied to the patient's Audiogram. The NAL-RP is applied by default. A new rule can be selected from the list on the right side of the display. A volume adjustment bar allows for manual adjustment of the output level. The control panel on the right of the display provides options for input signal source and the task icons for Normal and Simulate.

The Master Hearing Aid applies gain **separately for each ear**. If audiogram values are entered for the left and right ear, the selected fitting rules will be applied to each ear separately. Different rules may be entered for different ears (i.e. NAL-RP for left ear and BERGER for right ear). If an audiogram is entered only for one ear, the gain will not be adjusted for the opposite ear and the sound for that ear will be normal.

If **Binaural** mode is selected, the sound will be heard from both channels (left and right). If **Monaural** mode is selected, the sound will be heard only from the channel corresponding to the active ear when the channel for the opposite ear will be muted.

Input signal

Live voice (microphone) allows you to use the right probe mic for live speech input to the headphones. The clinician or significant third party can speak into the microphone for this activity. Note: there is a processing delay between the input and playback. Make sure that the client cannot hear the voice directly but only through the headset. If this is not possible, use the Recorder (describer below) to simulate speech input.

File allows the user to play sound files. The program supports MP3 and WAV files and comes with a preset MedRx Sounds Sensations set of files. After the option is activated, use the player panel to control the playback.

CD allows the user to play music CDs. After the option is activated, use the player panel to control the playback.

Record input mode allows the clinician or third party to record a sample of their speech which can then be replayed for repeat comparisons under different amplification conditions for the patient. Refer to the interactive Help system by pressing **F1** or clicking the **Help** icon to learn more about the recorder.

How to use the Master Hearing Aid:

1. Select the **Master Hearing Aid (MHA)** icon from the main screen.
2. Enter the Audiogram values manually if the data is not automatically imported to this screen.
3. Select the input signal type: **File, CD, Mic, or Record.**
4. Select **Monaural** or **Binaural.**
5. Select the **Normal** icon which will send the input signal through to the inserts without modification. The patient is listening to the signal without any amplification benefit. Select the **Simulate** icon to modify the input signal according to the selected rule. This selection allows the patient to hear the benefits of amplification. Toggle between these two selections as necessary.
6. If the simulated frequency response needs to be adjusted, based on feedback from the patient, manually edit the response by clicking on the gain curve at the desired frequency and new gain level. The gain curve of the selected test ear on the control panel can be edited. To edit the other ear, click the appropriate test ear icon on the control panel first.

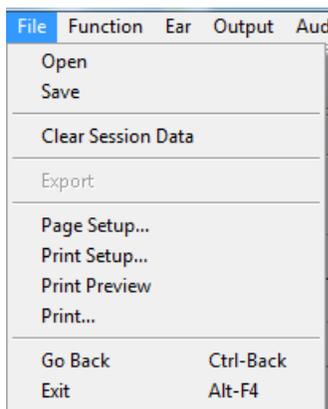


Hint: Use the **track return** icon on the player control panel to replay one track continuously.

The **Reset** option restores the rule to the original state. Use this option if you have modified the rule but want to undo the changes.

Printing

Printing within the Avant Audiometer software is very simple.



From the File menu, click one of the following options:

Page Setup – Allows you to set margin sizes and the default text header for your reports.

Print Setup – selects the printer you want the report to be sent to.

Print Preview – Shows you what your report will look like before you print it.

Print – Sends the report to the printer. This option opens the Windows Print dialog which allows the user to select any installed printer and modify the properties (quality, number of copies, etc.) for the print job.

Limited Warranty

MedRx, Inc warrants this product to be free from defects in material and workmanship for one year from the time of purchase. If this system fails to perform as specified during this period, the purchaser is responsible for calling MedRx at (888) 392-1234 or (727) 584-9600. The company's representative will advise the owner to either return specific components or the entire system to:

MedRx, Inc.
1200 Starkey Road #105
Largo, FL 33771 USA

MedRx will repair or replace any defective devices, fully test the system and/or components and ship the system promptly back to the owner. There is no cost for the repair or return shipping, provided the system is one year old or less and has not been misused, abused or damaged. Such damage includes, but is not limited to, dropping, exposure to excessive heat greater than 100°F and water/liquid damage.

Repair or replacement of the system as provided under this warranty is the sole and exclusive remedy of the purchaser. MedRx shall not be liable for any consequential or incidental damages or for breach of any express or implied warranty. Except to the extent of applicable law, any implied warranty, merchantability or fitness of this product is limited to the duration of this warranty.

MedRx will, at its discretion, service and repair out of warranty products at the purchaser's request, charging for parts and labor as necessary.

The limited warranty is deemed void if software or hardware is installed on this product which is not pre-approved by MedRx, Inc. Approved software includes NOAH™ and HIMSA approved hearing aid manufacturer programming modules for fitting hearing aids.

MedRx, Inc is not responsible for problems resulting from installation of unapproved software or hardware. In the event of unapproved software or hardware installed on the system causing a conflict, MedRx will service the product for a fee to be determined at the time of service.

Any extension of this warranty past the initial one-year warranty is subject to the following (where applicable).

1. A \$300 deductible per repair.
2. Extended warranty does not include cables, connectors or peripherals.
3. Extended warranty of the Video Otoscope covers optics only.