

# What is My Diagnosis?

Name \_\_\_\_\_ Date \_\_\_\_\_

**Directions:** Read each patient's complaint. Determine what the diagnosis is and circle which part of the ear is affected.

Patient	Diagnosis	Part of the Ear Affected
Eva		Outer Middle Inner
Bob		Outer Middle Inner
Lara		Outer Middle Inner
Chris		Outer Middle Inner
Sammy		Outer Middle Inner
Burt		Outer Middle Inner
Shelly		Outer Middle Inner
Kira		Outer Middle Inner