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Signal is circulated to all hearing instrument practitioners, contributing hearing aid manufacturers and suppliers, as well as Ontario otolaryngologists, audiologists, and other interested individuals.

The mission of the Association of Hearing Instrument Practitioners of Ontario is to represent and guide its members in their practice which include, the testing, selecting and fitting, and dispensing hearing instruments and associated devices in the best interest of the hard of hearing, and may include the removal of cerumen from the external ear canal. Membership is available to hearing instrument practitioners or to those who have an interest in the hearing instrument profession.

Signal is the official journal of AHIP, the professional association of Hearing Instrument Practitioners of Ontario, incorporated in 1988 for the purpose of ensuring quality care for the hard of hearing. *Signal* presents technical and trade information to assist hearing instrument practitioners to better serve the hard of hearing.

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The Dougmar
Publishing Group Inc.
115 King St W., Suite 220,
Dundas, ON L9H 1V1



Summer 2017 • Edition 114

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Customer Testimonial

Stefanie Beauchamp, Diablo Hearing Service

Stefanie Beauchamp, Diablo Hearing Service's Office Manager

We sat down with Diablo Hearing Service's office manager, Stefanie Beauchamp, to discuss how Sycle has become such a critical part of their business operations.

Why did you choose Sycle?

We were really trying to streamline the practice more. We were using three different systems and so I came on board and was trying to get a better handle on things. We actually went to AudiologyNow in San Antonio and had seen Sycle there, so I was able to get a little more information about it and convince my boss to transfer over.

"It's nice to be able to go into Sycle and track everything in one place."

Favorite Features

We actually switched from another practice management software, which seemed like more of a DOS system, if you can remember what DOS was like. I wanted something that was web-based. We also wanted to go paperless with a system that allowed us to key in a patient's information. With Sycle we track hearing aids, inventory, repairs, and new orders.

Previously we used a spreadsheet to manually track repairs. We also tracked new hearing aids sold in an Excel spreadsheet and then had to enter them into another platform as well as QuickBooks and I was thinking, "This is ridiculous! I want to streamline everything into ONE system." So we did that with Sycle. It's nice to be able to go into Sycle and track everything in one place.

I like the fact that the appointment summary pops open and you know exactly what the patient is coming in for. I also like the dashboard and reports. The ability to look at a report giving you a quick glance at everything that's been sold for a specific month is extremely insightful.

How has Sycle helped your business?

It's even been helpful when I have to work from home. I can roll the phones home, log in and schedule appointments, which is fantastic because I'm the only one here who works the front desk. Our audiologists can check their schedule from home and know what their schedule is for the day.



*Sycle User Since: 2015
Number of clinics: 2*

It's saved us so much time and energy. It's brought our practice up to where I think we need to be in order to move forward and grow our company and our business. Where we were when I came on board 2.5 years ago was so far behind compared to where we are now. We've definitely grown in that way. We've come so far from where we were. It's just amazing. When I first came into this practice, there were piles of paper everywhere and now there are none, resulting in much less stress. It's fabulous.

Increased Patient Time

It's definitely helped our audiologists because they're able to go directly into their patient summary and access NOAH with Sycle NOAH Sync. It saves them time on charting because they're entering their chart notes right there. Before, they were spending hours at the end of their day doing charting, but now they can do it immediately and move on to the next patient.

"Sycle has brought our practice up to where I think we need to be in order to move forward and grow our company and our business."



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I wanted to start off the Summer *Signal* with a thank you. Thank you to all of you that have put trust in me as their voice on the AHIP board as well as the editor of this very *Signal*. I promise that I will continue to find ways to make the it better and more informative for our members. I'm also planning on expanding AHIP's social media platform beyond Facebook, so stay tuned!

My favourite part about this edition of the *Signal* is looking back at another successful Symposium. In this issue, you'll find a handful of pictures of the great time we all shared with each other. We also have some interesting content on how lip-reading technology is helping hearing aids. As well as some findings on tinnitus, an audiology super hero, and our ongoing column from John Niekraszewicz.

Finally, we end on a sad note. The last few months have seen the passing of Milton Bryans, Dennis Sylvester, and Al Moore. Al was one of the very first industry leaders I got to meet when I got into the business over 12 years ago. Many of you know my father was in the industry for a long time as well, but Al was one of the first to treat me as 'Chris Arnold' instead of 'John's son.' I'll never forget that. We're thinking of all the families of Milton, Dennis and Al.

Chris Arnold
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Dear Members:

Thank you for all that you do and all that you have done as hearing instrument specialists (HISs) and hearing instrument dispensers (HIDs) and as proud members of AHIP.

Our industry is changing everyday; sometimes for the good and unfortunately as of late with respect to WSIB for the bad. As HISs we have the right and obligation to recommend what is necessary and in the best interest of all our patients. I feel passionate that WSIB has taken YOUR rights away from YOU by limiting YOUR choice, YOUR voice, YOUR ability to help YOUR patient. Without your voice, your support and your passion for our profession we can't make this change!

Please, help us bring awareness to those who can make that change happen by visiting hearontario.ca

As your newly elected president along with your AHIP Board we are working diligently on your behalf making sure our profession remains united and recognized amongst all whom we affiliate with. We are 700+ and growing every year. Let's grow as a strong, united entity. Together we can make change happen!

I wish you and your family a happy and safe summer. Work hard and play harder.

God bless you and your families

Vivienne Saba-Gesa H.I.S.
AHIP President

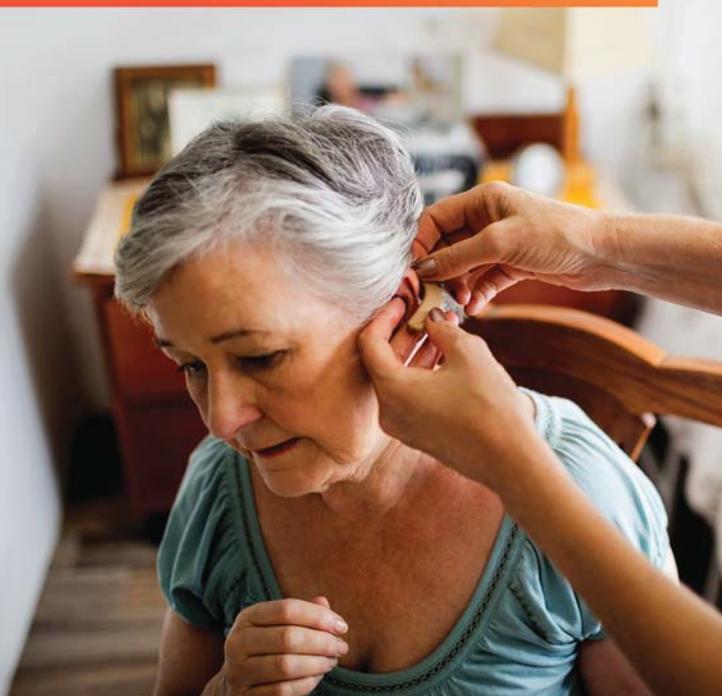


Tell Your MPP to #HelpOntarioHear

Ontario's Workplace Safety & Insurance Board is slashing the number of hearing aid options available to injured workers – only lower-quality devices will now be covered. Through no fault of their own, Ontarians will be denied the hearing aid that works best for them... just so the government can save a few bucks.

It's wrong.

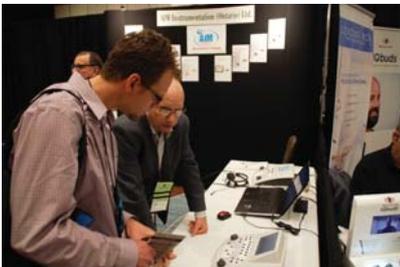
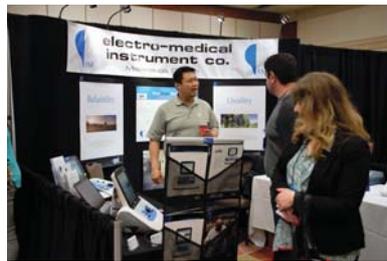
Only MPPs can convince WSIB to reverse this disastrous decision. But they will only do it if you and I make our voices heard. We need your help.



Symposium 2017 In Pictures



Symposium 2017 In Pictures





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Moxi Now is the smallest wireless RIC in the world based on exterior dimensions compared to other products in its class.



Our Lip-Reading Technology Promises to Make Hearing Aids More Human

By Amir Hussain
Personal chair in cognitive computation, University of Stirling

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Hearing aids can be lifelines for people with hearing loss. But their limitations can mean that, in particularly noisy environments, users cannot exploit the best of the existing technology. Most new hearing aid designs just make small improvements to microphones, power efficiency and noise filtering. We propose an entirely new approach.

My colleagues and I are working as part of a multi-disciplinary team led by Stirling University, which includes a psychologist and a clinical scientist and is supported by a hearing aid manufacturer. Our aim is to develop an audio-visual hearing aid for the 21st century, taking inspiration from the way that the human body naturally deals with noisy situations, something often known as the cocktail party effect.

Imagine a scenario such as a very busy party with lots of noise, music and people talking. Despite this overwhelming environment, a person with full hearing is often able to pick out and listen to the voice of someone next to them. This is something that people with hearing aids often find extremely challenging. In fact, in really busy environments many deaf people may prefer to remove their hearing aids altogether.

Dealing with Noisy Environments

The answer to why it is so difficult for hearing aids to deal with these situations is complicated. It's partly down to the limitations of directional microphones,

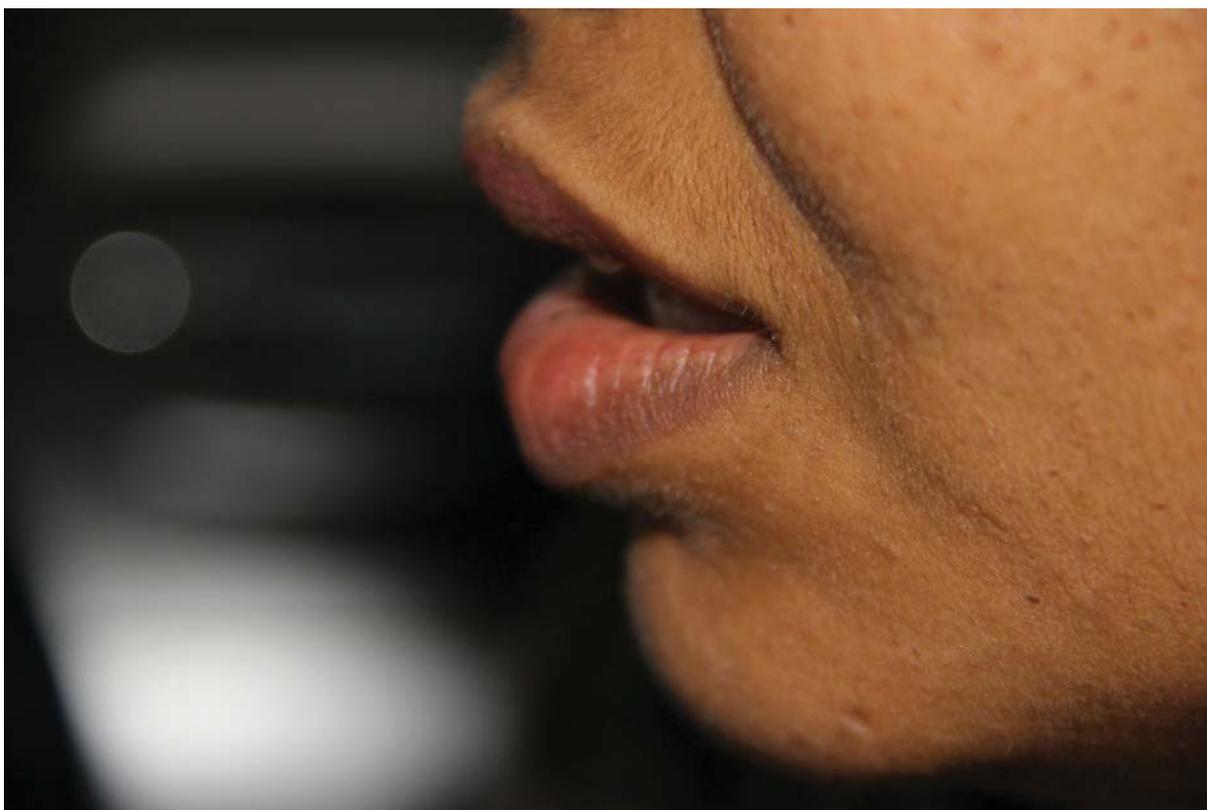
of inadequate noise cancelling, and of the loss of information about where sound is coming from. But the reason why deaf people can often “hear” better in overwhelming environments like this can be partly explained by lip-reading.

Lip-reading is known to enable individuals with hearing-loss to better understand speech. We all lip-read to a greater or lesser extent, but in people with hearing loss it can become a vital skill. Yet it's a component of communication that existing hearing aids simply ignore.

Our vision is for an ear or body-worn hearing aid linked to a small wearable camera, which could be mounted in a pair of ordinary glasses, jewellery or perhaps even worn as a discreet badge. The device would process the camera's video stream to isolate relevant information about lip movement.

This data can be used by the hearing aid in several ways. On a simple level, if it knows someone is speaking it could apply some general background noise-reduction filtering. It could identify the direction the voice is coming from and focus a directional microphone accordingly.

Significantly, it could also use the lip movement information to apply an appropriate filter for further noise reduction, just as our brains do naturally. Specifically, Significantly,



it could also use the lip movement information to apply an appropriate filter for further noise reduction, just as our brains do naturally. Specifically, if the device can estimate what the speech is likely to be, then it can remove sound elements that don't match this. For example, if loud music is playing, "reading" the lips of the target speaker would indicate to the device that it should remove this music because it does not match the expected sound.

What are the Challenges?

There are multiple challenges to ensuring a hearing aid like this can work practically in the real world, involving the same problems that human lip-readers face. It has to be able to deal with multiple speakers at once and sound that isn't in front of it. And, generally, people do not simply stand motionless in front of the listener, but instead tend to move, turn their heads, cover their faces or show their emotions visually. They may also be interrupted or have someone else walk in front of them.

To overcome this, our solution will be to again consider how humans function. How much lip-reading we do depends on the circumstances. The more noisy it is, the more we tend to look at people's lips. So a system that exclusively lip-reads would not be very useful when it comes to real conversations in real environments. We plan to integrate our approach with other non-camera approaches that hearing aids presently use, including noise cancelling and directional microphones.

Our aim is to produce an aesthetically designed system that improves users' ability to understand what someone is saying in a range of environments, potentially with less listening effort. This would help solve the real problems faced by those with hearing loss, including their low uptake of available technology, by delivering a freely available, next-generation hearing device prototype, inspired by the way we naturally think, hear and see.

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Paula Schwartz, hearing care professional

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Bilateral Tinnitus is Hereditary

Source: Karolinska Institutet. "Bilateral tinnitus is hereditary." ScienceDaily. ScienceDaily, 9 March 2017.
www.sciencedaily.com/releases/2017/03/170309120434.htm



Researchers have been able to demonstrate the hereditary nature of certain forms of tinnitus. Bilateral tinnitus — that is, tinnitus in both ears — has been shown to depend on genetic factors, particularly in men. The twin study, which is published in the journal *Genetics in Medicine*, was conducted by researchers at Karolinska Institutet together with colleagues from the European research network TINNET.

Ringings in the ears, a condition called tinnitus, is experienced by 15 per cent of people in Sweden as well as in Europe. For one or two per cent of the population, the symptoms are extremely distressing and impact adversely on daily activities, work and sleep. Tinnitus thus has negative social consequences for the sufferers, while being an important economic burden to society.

Tinnitus prevalence increases with age and is thought to be related to a number of environmental factors but

little research has been done on the subject. There are also no effective cures for the condition, due possibly to the heterogeneity of the condition.

Using data from the Swedish Twin Registry, researchers at Karolinska Institutet have found evidence that in some cases tinnitus has genetic causes.

“We’ve been able to show that different forms of tinnitus have a significant heritability and thus a dominant genetic influence over environmental factors,” says Christopher R. Cederroth at Karolinska Institutet’s Department of Physiology and Pharmacology.

When the researchers first examined all forms of tinnitus they made the same conclusions on heritability as others have reported. It was only after grouping the subjects by sex and unilateral/bilateral tinnitus that they uncovered the genetic correlation.

“This result is surprising and unexpected as it shows that, unlike the conventional view of tinnitus being driven by environmental factors, there is a genetic influence for bilateral tinnitus which is more pronounced in men” says Dr Cederroth.

Their discovery also shows that bilateral and unilateral tinnitus constitute two separate sub-groups, only one of which is influenced by genetic factors. This, claims Dr Cederroth, not only has considerable clinical relevance but is also important from a public health perspective:

Tinnitus sufferers need better care and treatment than they’re currently getting. We need more genetic studies and a better molecular understanding of its generation, which could open unforeseen avenues to drug development.”

Journal Reference

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Who Was the REAL Captain Marvel?

By Robert Traynor

Originally posted on May 16, 2017. Reprinted with kind permission from HearingHealthMatters.org

Butler and Kratz (2008) remind us that, by definition, superheroes are larger than life, courageous, powerful, and seemingly able to overcome any obstacle with great physical prowess while doing great deeds at the same time. Young children, facing the challenges of learning many new skills, may often feel small, helpless, fearful, unable to accomplish what they desire, or troubled—in other words, just the opposite of superheroes.

It's no wonder that many preschoolers are drawn to superhero play. Through play they can feel brave, fearless, in control of their world, outside of ordinary, and just plain good. These stories fed our pediatric super hero images and aspirations as children and still do so for children today...only the names have changed to Spider-Man, Iron Man, Wonder Woman, The Hulk, or even Captain America and others. In 2017, even parents dress as super heroes for Halloween along with their children as this was their dream as young children.

Superhero Captain Marvel



The 1940s fictional character Captain Marvel offered stories like this:

"During an archaeological expedition to Siam's volcanic Valley of the Tombs to find the lost secret of the Scorpion Kingdom, a device of great power, the Golden Scorpion, is discovered hidden inside a sealed crypt. While examining it, the device's quartz lenses are aligned and powerful energy beam erupts, causing an explosion, resealing the crypt. This allows young radio broadcaster and expedition member Billy Batson, who obeyed the warning on the crypt's seal not to enter, to be chosen by the ancient wizard Shazam. The wizard grants Billy the powers of Captain Marvel whenever he repeats the wizard's name. Captain Marvel's powers can only be used to protect those in danger from the curse of the Golden Scorpion. The crypt's entrance is quickly cleared, then Captain Marvel

utters "Shazam" and quickly resumes his Billy Batson alter ego."

Some would say the **REAL Captain Marvel** is the comic book super hero character that became popular in the movies in the 1940s and 50s, but Audiology, too, has a super hero named Captain Marvel!

Captain Orin E. Marvel

Born in 1885, the post-Civil War Baby Boomers changed the nation. Imagine growing up in the 1890s, with all the new things that had just been invented, the telephone, radios, shortly thereafter, airplanes... all things that would excite a young aspiring person of the times! Young Orin from Bronson, Kansas, grew up to study engineering at the University of Kansas and graduated in 1912.

His first job at Bell Telephone Laboratories was akin to working in the Space program of the time: brilliant people congregated to create concepts and products previously unheard of. But war intervened, and by age 30, young Orin found himself serving as a member of Missouri National Guard guarding against the 1915-1916 Poncho Villa raids on the Mexican border.

As the US entered World War I in 1917, the United States Army Signal Corps was established at Camp Vail, New Jersey, and devoted to research in radio and electronics. The main mission of the Radio Laboratories centered on the standardization of vacuum tubes and the testing of equipment manufactured for the



Army by commercial firms, especially the design and testing of radios.

The fields of radio and aviation were in their infancies. Camp Vail was the place where innovative research was conducted with radio communications, especially between aircraft and ground control. Other issues studied there were the detection of aircraft using sound and electromagnetic waves, the design and testing of radio sets, field telephones, and telegraph equipment, as well as meteorology. It was quite an interesting place for a young engineer. During his time at Camp Vail, there is evidence of Young Orin's inventive radio expertise. While flying a Curtiss H airplane above Ft. Hancock in 1919, he was able to establish radio communications between the plane and the control station from an altitude of 2,000 ft. and later at sea communicating with a dirigible, demonstrating high level radio use at a time when air communication was experimental.

After the Army, the REAL Captain Marvel went back to Bell Telephone Labs. By 1938 he'd left to take charge of the Audiometer Department at Sonotone a US company that distributed Siemens hearing aid technology. He was awarded patent number 1,761,530 "*System for Amplifying Radiant Energy Oscillations*" on June 3, 1930 and a second patent, number 1,929,752 on October 10, 1933 titled "*Variable Frequency Oscillator*" which were both in generating audio and radio frequency oscillations.



Captain Orin E. Marvel, Radio Engineer

At the left is the Marvel All-Frequency Audiometer which included headphones and a bone conduction unit. One dial is for pitch and the other dial is for loudness. According to Russell (2009), as early as 1931, Marvel had begun to use a variable frequency tone oscillator that he called the "Oratone" to treat persons who were hard of hearing.

To test the hearing for the right and left ears, headphones were used but if patients could not hear frequencies at the maximum volume of the device, a bone conduction oscillator was placed on the forehead or on the mastoid. The level of technology at the time meant that if the patient still could not distinguish between different frequencies, they were advised that nothing could be done to improve their hearing.

After determining the frequency areas of the patient's hearing loss on an "Oragraph", the headphones were put on again and those particular frequencies to which the ear had become less responsive were stimulated with high intensity sound treatments. Repeated treatments were said to be required to obtain hearing improvement at a cost of \$2.00 per treatment and new Oragraphs were \$5.00. Out of 80 patients, the claim was that average number of treatments required per patient was 37.9 to see hearing improvement. The amount of hearing improvement per patient was said to be 50.3% and the average improvement per treatment was 1.32%.

It appears that this was a technique that was designed to stimulate the auditory system and was touted to offer continued hearing improvement as long as the treatments were continued. When the treatments were not continued the person's hearing would return to its original hearing sensitivity. Of course, the treatments were painless and no surgery of any kind was needed to make these claimed improvements. For those who stopped the treatments and lost their hearing again, a hearing aid was said to be the solution.



Dr. George Shambaugh, Jr.
Circa 1930

Shambaugh (1932) discredited this procedure in a study conducted in 1931 where he proved that the Oratone and its predecessor, the Eletrophone [circa 1925] weresham treatment procedures. In his discussion of the Oratone, Dr. Shambaugh states,

In order to reach some conclusion as to the value or lack of value to the Oratone I selected ten members of the League [The Chicago League for the Hard of Hearing] and undertook to demonstrate any improvement that might be brought by treatments from the Oratone. I made a complete functional test of the hearing including and audiogram with a Western Electric Model 1A audiometer before

and after the treatments. It was suggested by the agent representing the Oratone Company that it would take at least ten treatments in order to demonstrate improvements in hearing. Each of these individuals were subjected to more than ten treatments before reporting back for retesting. In not a single instance was I able to discover any alteration in hearing that did not fall within the limits of the normal variation encountered when charting the audiometer findings. It is significant, moreover, that four of these ten patients when they came back complained of an increase in the subjective ear noises since the treatments."

Dr. Shambaugh went on to indicate that he felt that these treatments were probably damaging due to the excess noise exposure and probably caused more hearing loss the longer treatments were continued.

Scientists often look into various instruments and procedures to understand possible treatments that might be generated by their use. It is quite possible that The Real Captain Marvel was simply experimenting with this procedure and would have dropped it and concentrated on something else. We will never know that answer as the REAL Captain Marvel passed away March 1, 1941 at the age of 55, with probably lots of research left to conduct and, who knows..... maybe an invention, another patent, or design that could have greatly assisted the hearing impaired.



Captain Orin E. Marvel, an audiology superhero!

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Your AHIP Association Health & Dental Plan in Action

By John Niekraszewicz



About the Author

John Niekraszewicz (Nick-ra-shev-itch) BMath, FCSI, CFP, FMA is the Certified Financial Planner responsible for the AHIP Association Health & Dental Plan provided by JVK Life & Wealth Insurance Group. John is also the Principal of JVK Life & Wealth Advisory Group, specializing in Wealth & Estate Planning. John welcomes your questions and can be reached at 1-800-767-5933 or info@jvkgroup.com



I'd like to share with you a few stories of how your fellow AHIP business owners have used the AHIP Association Health & Dental Plan since 2010 to protect their employees and build a better business. The common thread in these stories is the desire to watch expenses while providing a healthy and hygienic workplace.

Mary always had a corporate paid comprehensive health and dental plan, so when she opened her own

clinic, she offered a similar plan to employees and their families. Over time, she found that the premiums she paid kept on increasing to the point where she needed a more affordable solution.

The AHIP Association Health & Dental Plans have a cap on benefit limits and a premium that is based on a large pool of individuals which helps keep premiums low. Of the 4 plans, the Base Plan suited Mary's needs best as it has the lowest premium and can be offered to all employees regardless of any pre-existing health conditions. No contract, pay as you go, month by month.

Mary was able to deduct as a business expense the average annual premium of \$1,000 she paid for each employee enrolled in the plan (some employees were covered under a spouses health plan and Mary gave them a cash bonus of \$500 for opting out of her corporate health & dental plan). Here are the cash reimbursements that one employee who was recovering from an accident received from the Base Plan:

Accidental Dental treatment	\$2,000
Prescription drugs	\$525
Dental - check up, cleanings, and fillings	\$400
Chiropractor / Registered Massage Therapist	\$300
Physiotherapist	\$300
Acupuncturist / Naturopath	\$300
Custom Made Orthotics	\$225
Contact lenses	\$100
Total Expenses	\$4,150

Carol and Heather are 40-year-old hearing instrument specialists who together are business partners with their own practice. They have always kept their personal finances separate from their business and paid for their family's health and dental expenses out of pocket with after tax dollars. Now their business is growing and they are looking at ways to protect their business

and save tax. By reorganizing their financial expenses for health & dental, critical illness, disability and life insurance, Carol and Heather found that they were able to deduct the premiums paid for an AHIP Association Health & Dental Plan as a business expense. Then they put the realized tax savings back to work and upgraded their entire insurance protection program.



Carol and Heather lead healthy lifestyles and the medical expenses they incur are mainly for teeth cleanings 3 times each year and regular visits to both a naturopath and a registered massage therapist on their spa holidays. Being in a 40% marginal tax bracket meant they each had to take out \$3,000 in salary before tax so that they would end up with \$1,800 after tax to pay for these medical expenses.

With the AHIP Association Health & Dental Plan any upgrade from the Base Plan requires completing a medical questionnaire (this applies to the Bronze, Silver and Gold plans). Carol and Heather have no pre-existing medical conditions and realized that their needs were best covered by the more comprehensive

Silver Plan. Eventually they covered their entire families under the Silver Plan and had their company pay the tax deductible premiums.

In Carol's case, the company paid the annual premium of \$1,450 and she personally received tax-free cash reimbursements for the following:

Dental - check up, cleanings, and fillings	\$600
Chiropractor / Registered Massage Therapist	\$600
Physiotherapist	\$300
Acupuncturist / Naturopath	\$600
Total Expenses	\$2,100



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Memoriam



Al Moore
July 12, 2017

It is with great sadness that AHIP notifies our members of the passing of Alan Moore on July 12, 2017. Alan David Moore died from complications of COPD. After beginning his career with companies like Univac and Marsland

Engineering, Alan founded Dahlberg Sciences Ltd in 1978 and continued on as President of Bernafon (2000) for a total of 35 years. Alan taught hearing aid technology at Sheridan and George Brown Colleges, was a founding member of CAEA and HIRC, was on the advisory board of the Hearing Instrument Specialist program at Conestoga College, and concluded his career as a consultant for Dia-Tec. He was instrumental to the growth of the hearing aid industry over his career. He will be remembered for how much he loved being a dad, how wonderful a friend, boss, mentor, and colleague he was to so many, and how much he cherished the company he founded. We here at AHIP pass on our condolences to all of Al's loving family.

AHIP offers our sincere condolences to Al's family and friends.



Milton James Bryans
August 25, 1920 - May 31, 2017

We regret to inform our members that Milton Bryans has passed away. Milton started practicing in 1965 working for Jack Leckie. He became an AHIP member in 1988, while retiring in 1993. Our thoughts are with his family, may he rest in peace.

His obituary is below:

Milton James Bryans of Owen Sound, passed peacefully at Grey Bruce Health Services on May 31, 2017 in his 97th year. Milton leaves behind his loving wife of 73 years, Mildred (Millie) Elizabeth Bryans (Gardiner). He is survived by his sons Barry (Cora), Glen (Dorothy) and daughters Vivian Povelofskie (Bryan), Elaine Perras, Colleen Danard (Kurt), Yvonne Bryans and Joyce Bryans.

He is also survived by brothers Wilbur (Mary), Vincent, his sister Evelyn Snowden (Stuart), and sisters-in-law Mavis, Caroline, Betty, and Violet. Predeceased by his parents Stanley (Hazel), step mother Ruby, brother Howard, Ivan, Beverly, Clarence and sister-in-law Ruth. He will be dearly missed by 15 grandchildren and 18 great grandchildren.

Milton was a proud RCAF war veteran from 1941 to 1945. He married his sweetheart Millie on November 6, 1943, in Victoria, B.C. At the end of the war he returned home to Desboro and took over his Grandfather's farm; raising cattle, pigs and poultry. He worked as a beekeeper and produced maple syrup on the farm. Milton was a true "Jack of all Trades", proficient in carpentry, plumbing and electrical work. He was a loving, dedicated father to 7 children two boys and five girls. In 1965 Milton started working in the hearing aid business and in 1967 purchased the business and successfully serviced the hard of hearing community in the area; the business continues to this day. Milton was a devout Christian with strong faith. He is pleased to be united with his Savior Jesus Christ.

Memoriam



Dennis Allan Sylvester

All of us at AHIP pass along our condolences to the family of Dennis Sylvester. Dennis became a member of AHIP in 1988 and retired in 1999. He was the owner of Brant Hearing Aid Clinic. His obituary is below:

SYLVESTER, Dennis Allan - With his family by his side, Dennis passed from this life peacefully on Sunday, January 15, 2017 at the Hankinson House - Stedman Community Hospice in Brantford. He was 72 years of age. Cherished husband of Susan Sylvester (nee. Parks).

Beloved father of Julie Irvin (Scott), Reid Sylvester, the late Lisa Dalpe (Paul) and Shawn Gibson (Michael). Forever remembered by his grandchildren Jessica Irvin, Lindsay Irvin, Tanya Sylvester, Erin Sylvester, Philip Dalpe (Marianne), Zac Dalpe (Cassandra) and Ben Dalpe. Much loved sibling of Lorna Harrington, Lyle (Ruth), John (Chris) and Ron (Gail). Predeceased by sisters Meryl, Maureen, Linda and brother Greg. Cherished brother-in-law of Kim Parks (Deb) and Dawn Ronson (Tom). Dennis is forever remembered by many nieces and nephews, cousins, extended family and his dogs Sasha and Jasmine. Thank-you to Dennis' close circle of devoted friends who gave their moral support and assistance during his illness. Dennis was a successful entrepreneur and was the owner/operator of the Sylvester Denture Therapy Clinic and Brant Hearing Aid. He lived life to the fullest and enjoyed woodworking, fishing, hunting, cards, travelling, skeet shooting, hockey and baseball.

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