



Informed Consent for Ear Impressions and/or Earwax removal

In order for accurate assessment and treatment today, it may be necessary to remove the excess wax in your ears and/or take an impression of your ears. These procedures will be performed by a Registered Audiologist and/or a Registered Hearing Instrument Practitioner and every precaution will be taken to reduce risks. These risks include, but are not limited to: skin irritation, ear pain, hematoma (bleeding), exposure to loud sounds and tinnitus. By signing this form, you agree to treatment and accept inherent risks of these procedures. These procedures are voluntary and you can stop the procedure at any time by notifying the Audiologist or Practitioner.

Please check all that apply if you currently have or have had in the past:

- ____ a. Earache;
- ____ b. History of ear surgery;
- ____ c. Ear drainage;
- ____ d. Heart problems;
- ____ e. Use of blood thinner;
- ____ f. Daily use of aspirin;
- ____ g. External or middle ear infections;
- ____ h. Hole (perforation) of the ear drum;
- ____ i. Diabetes;
- ____ j. Any other condition placing either of us at risk if exposed to blood.

I consent to ear impressions and/or the removal of wax from my ears:

Patient's Signature

Print Name

Date