

Ear Impression & Wax Removal Consent Form.



Name: _____ Date of Birth: _____

Informed Consent and Complete Release from Liability in Case of Injury or Loss,

Waiver and Indemnity Agreement: Ear Wax Removal and/or Ear Impression

Ear wax and ear impressions can be performed in several ways. Your clinician will assess and determine the best and safest way to accomplish the task. Possible associated risks with either procedure may include, but not limited to perforation of the eardrum, otitis externa, damage to the external canal, pain, deafness, vertigo, tinnitus, or bleeding. Nausea, vomiting and/ or vertigo may occur as a result of the procedure.. The clinician will take every precaution necessary to try and prevent the preceding from occurring.

I _____ (patient name) give permission to Arnold Hearing Centres to remove ear wax and/ or take an ear impression form my ears, as deemed appropriate. I understand the risks involved and agree not to hold the hearing professional or Arnold Hearing Centres liable if any injury may occur. Further, I understand that I may stop this procedure at any time. I agree to inform the hearing professional of any blood thinning or other medications I am taking.

Please check all that apply:

- Previous wax removal
- Blood thinners
- Dizziness
- History of ruptured eardrum
- Ear infections
- Ear surgery
- Ear drainage
- Diabetes
- Pressure equalizing tubes
- Heart problems
- Immunocompromising disorder or blood disorder

Notes: _____

Before

Middle Ear Analysis	R	L
Type Tympanogram		
Middle Ear Pressure		
Compliance		
Physical Volume		

After

Middle Ear Analysis	R	L
Type Tympanogram		
Middle Ear Pressure		
Compliance		
Physical Volume		

Patient Signature: _____ Date: _____