



**ADVANCED HEARING
SOLUTIONS**

**655 South Indiana Ave.
Englewood, FL 34223
941-474-8393**

CERUMEN REMOVAL CONSENT FORM

Date: _____

Patient name: _____

Date of Birth: _____

Your audiologist may decide it would be best to remove ear wax from your ear canal. Removing ear wax is something that should be done by a professional. It is not without risk. Certain risk factors may it more likely for you to incur complications such as bleeding and irritation. These complications may occur even if you have no risk factors, but these complications are not life threatening. The process of wax removal can involve discomfort, bleeding, hearing loss, and tinnitus. If you decide you do not want to have your wax removed at any time, you may stop the procedure.

By signing this form of consent, you are agreeing to release Advanced Hearing Solution, Inc. its owners, officers, directors, employees and representatives from any complications arising from the removal of ear wax from your ear canal as explained above. You represent and warrant that you have the right, power, legal capacity, and requisite authority to enter into this consent and release and will sign any additional documents to make its provisions fully effective. You acknowledge that you have read and voluntarily enter into this consent and release and understand its meaning and acknowledge that is binding upon you, your legal representatives, heirs, and assigns.

Signature _____ **Date** _____

