



## **Cerumen Removal Consent Form (Ear Wax Removal)**

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 make 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 Berger Audiology LLC, 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 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 it is binding upon you, your legal representative, heirs, and assigns.

This Cerumen Removal Consent Form will be in effect for a year from the signed signature and date and you may revoke or change this consent at any time with a written signed and dated request.

### **Check one of the following, then Sign and Date**

\_\_\_\_\_ I give Berger Audiology permission to perform Cerumen Removal

\_\_\_\_\_ I do not give Berger Audiology permission to perform Cerumen Removal

\_\_\_\_\_  
**Signed by Patient, Parent, Guardian, or Authorized Representative**

\_\_\_\_\_  
**Date**