

AUDIOLOGICAL SERVICE CONSENT

Patient Name: _____

I have been given information about my condition and consent is hereby voluntarily given for:

- Earmold Impression
- Hearing Aid Fitting
- Lyric Extended Wear Fitting & Sizing
- Cerumen (earwax) Removal
 - Water Irrigation
 - Lighted Curette

The procedure, alternative, potential gains and risks have been explained to my satisfaction.

- Earmold impression risk includes the potential during the insertion of earmold material, for impression material to seep around the foam block and potentially come in contact with the eardrum.
- Lyric extended wear fitting and sizing risks are rare and include abrasion, discomfort, soreness, bleeding, infection and pain.
- Cerumen removal risks are laceration and/or bleeding, and in the worse case an eardrum perforation.

I consent to the above and had my questions answered by the audiologist.

PATIENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE