**Hearing Healthcare - Patient Registration Form – Part E**

**Ear wax management & removal**

The fee for bilateral (both ears) wax removal is $75 (out of pocket) and is not covered under the Hearing Services Program. Alternatively, you can request your medical practitioner to attend to your needs.

**Wax Removal Authority**

**Date:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Understand that I require wax removal from my LEFT / RIGHT / BOTH ears.

I understand that wax removal may require ear toileting with warm water via syringing and/or a curette under magnification (picking wax out manually). Furthermore, I understand that there may be risks associated with a wax removal procedure. These may include but not limited to:

* Minor ear discomfort during removal (if wax stuck to canal)
* Minor bleeding if a small part of the skin in the canal is adhered to the ear wax being removed
* In extremely rare cases a perforation of the ear drum may occur from either syringing or curette

I Am/ Am NOT on blood thining medication? (including Aspirin)

I understand that my Audiologist may request wax softening prior to removal. This requires ear drops placed in the canal for 3 consecutive days and I agree to undertake this if required.

I understand and accept the terms of this document and wish to proceed with the wax removal procedure.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_