



# Wax Be Gone

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## Micro Suction/Warm water Irrigation Ear Wax Removal Consent Form

Full Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Which ear/s are causing you problems? **Left Ear / Right Ear / Both Ears**

Do you suffer from any condition that causes balance problems or vertigo attacks? **Yes / No**

Have you suffered from any pain/bleeding/discharge from the ears in the last 30 days? **Yes / No**

Do you have a perforated eardrum? **Yes / No**

Have you softened the wax for at least 3 days, using olive oil? **Yes / No**

Are you currently under an ENT consultant or receiving treatment regarding your ears? **Yes / No**

Are you currently using any anti-coagulants? E.g., Warfarin, Clopidogrel, Apixaban, Rivaroxaban, Aspirin, Etc? **Yes / No**

Are you aware of any reason why you should not proceed with micro-suction? **Yes / No**

Ear Wax Removal via Microsuction is considered safer than other methods such as syringing or water irrigation. The ear wax removal will be carried out by a trained clinician. Complications of ear wax removal by micro-suction are uncommon; however possible complications, side-effects, and material risks inherent in the procedure include, but are not limited to; incomplete removal of ear wax requiring a return visit (for severely impacted wax), minor bleeding, discomfort, ringing in the ear (Tinnitus), perforation of the eardrum, short term dizziness and/or hearing loss.

To ensure the risk of complication is minimised, it is essential that accurate past medical history is supplied to your specialist. In addition, it is important the patient remains relatively still during the procedure as sudden movement may significantly increase the risk of eardrum perforation, permanent hearing loss, and/or bleeding.

By agreeing to the Terms and Conditions above, you accept that you have read and understand the possible complications that may occur and agree that Wax Be Gone Ltd or any of its employees, cannot be held responsible for these. I have read and understood these terms and conditions and am willing to be bound by them.

**Statement of Consent:**

I have read and agree to the terms and conditions above and understand that personal information is held about me.

Signature\_\_\_\_\_

Date\_\_\_\_\_

**Micro suction/warm water irrigation post procedure details**

Tympanic membrane seen and intact?	Left	Right
	Yes/No	Yes/No
Any blood/debris seen?	Yes/No	Yes/No
Any foreign bodies noted	Yes/No	Yes/No
Any redness/swelling/inflammation?	Yes/No	Yes/No
Any pain on examination?	Yes/No	Yes/No
Any remaining impacted cerumen?	Yes/No	Yes/No
Any other information:		

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Post-Procedure leaflet given to patient? Yes/No

Signed:

Dated: