Conder Surgery

Your Healthcare Home

Conder Surgery
3/3 Sidney Nolan Street
Conder ACT 2906

Phone-: - 02 6294 9366
Fax: - 02 6294 9388
Email: manager@condersurgery.com

Consent for Wax Removal Procedure

Patient Name: _____

Date: _____

I hereby acknowledge that this procedure has been explained to me including possible side effects and risks associated with the procedure, which may include:

- Nausea
- Vomiting
- Dizziness
- Trauma of the ear canal
- Rupture of the ear drum
- Infection
- Failure to remove wax

I understand the risks involved and give my consent to having this procedure performed on myself.

Signed:

Patient Name (Please Print): _____

Date: _____

Signed:

Witness Name (Please Print): _____

Date: _____