

U.S. Food and Drug Administration Informed Consent Medical Waiver

I have been advised by that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. I do not wish to have a medical evaluation before purchasing a hearing aid.

Print name: _____

Signature: _____

Date: _____