



Lawrence Speech & Hearing Services

Medical Waiver Form

I have been informed by a Lawrence Speech and Hearing Services audiologist that it is the policy of Lawrence Speech and Hearing Services, LLC to advise those individuals with a hearing loss that early detection of any medical problem causing hearing loss is important and that medical attention should always be sought.

I state of my own free will that:

1. I am 18 years of age or older;
2. I have been provided with a copy of the Users Instructional Brochure and have been afforded an opportunity to read the brochure after hearing aid purchase;
3. An authorized agent of Lawrence Speech and Hearing Services has reviewed the contents of said brochure with me to my satisfaction and understanding;
4. I have been advised 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 an Otologist who specializes in diseases of the ear) before purchasing a hearing instrument;
5. I believe, in my own best judgment, I am qualified as a candidate for a hearing aid and I do not wish to have a medial evaluation of my ears before purchasing a hearing instrument.

A copy of this statement will be kept on file by Lawrence Speech and Hearing Services, LLC. for a period of not less than three years from this date, in accordance with the Food and Drug Administration regulations.

By signing below, I acknowledge having read the above and clearly understand the contents.

Patient Signature

Date