

4. Evaluation: Please document on the condition of the tympanic membrane and the external auditory meatus following irrigation and any follow-up advice/ treatment offered

Was Cerumen successfully removed? Yes or No _____

Left Ear

Right Ear

I am (Please)



Patient
Parent
Guardian

I have had the procedure for ear microsuction/irrigation explained fully to me, have had the opportunity to ask any questions and give my consent to this procedure

Post irrigation/microsuction advice given and to seek medical advice, please contact your GP.

Patient's Signature	
---------------------	--

Date	
------	--