

Consent for Hearing Loss Evaluation Services

Date: _____

To Whom It May Concern,

I, _____ (Your Name), hereby consent to the hearing loss evaluation services provided by _____ (Provider's Name or Facility) for myself/my child, _____ (Child's Name), in order to assess any potential hearing issues.

I understand that this evaluation may include, but is not limited to, audiometric testing and other hearing assessments as deemed necessary by the evaluating professionals. I also acknowledge that the results will be communicated to me and, if applicable, recommendations for further action will be provided.

I have had the opportunity to ask questions regarding the evaluation process and consent to proceed.

Signature: _____

Printed Name: _____

Relationship to Patient (if applicable): _____

Contact Information: _____