



Dr. Jackie Abram, Audiologist  
Owner/Operator  
AJ Abram, AB, AA  
Office Manager/Hearing Instrument Specialist

### **STATEMENT OF MEDICAL WAIVER**

I have been advised by \_\_\_\_\_ (print name of audiologist), that the Food and Drug Administration has determined that my best 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 for a medical evaluation before purchasing a hearing aid.

I further understand that a copy of this statement will be kept on file by the named audiologist for a period of three years from this date, in accordance with the Food and Drug Administration regulations.

Signed,

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Date

