



Waiver

I am 18 years of age or older.

I have been advised by ARIZONA HEARING SPECIALISTS, 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 one who specializes in diseases of the ear) before purchasing a hearing aid.

I do not wish a medical evaluation before purchasing a hearing aid.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____