

## Statement of Medical Waiver

I have been advised by Pinky P Khatri, Au.D.,CCC-A from Family Hearing Services, Inc. that the Food and Drug Administration has determined that my best interest would be served if I have 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 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 clinician for a period of three years from this date, in accordance with the Food and Drug Administration regulations.

I am 18 years old or older.

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Full Name

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Signature

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Date