



Wendy Brown

Appointment Details

Date	30/11/2022 10:53:00
Type	Ear Wax Removal
Created By	Mrs. Wendy Brown

Patient Information

Consent Form	✓ Signed
Patient Reference	BPL-1669805530-127

Case History

Have you been advised to soften the wax?

Yes

Have you ever had wax removed previously?

Yes

Have you had an ear infection within the last 6 weeks?

No

Did you consult your GP or other medically qualified professional?

No

Do you suffer with tinnitus?

No

Have you ever had, or do you have a history of dizziness?

No

Do you feel your hearing is being affected by the wax in your ears?

Yes

Do you take any anti-coagulant medication?

No

Have you suffered with any pain in your ears?

No

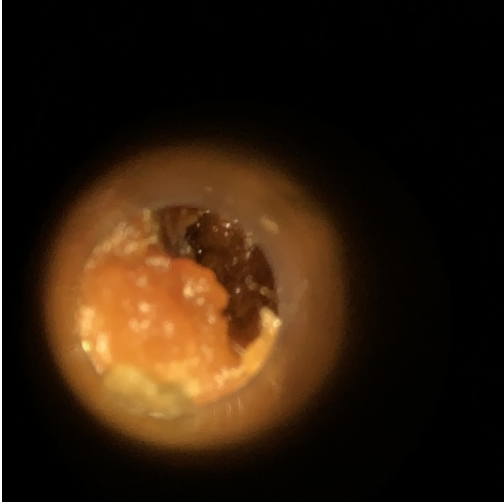
Have you ever had, or do you have a perforated eardrum?

No



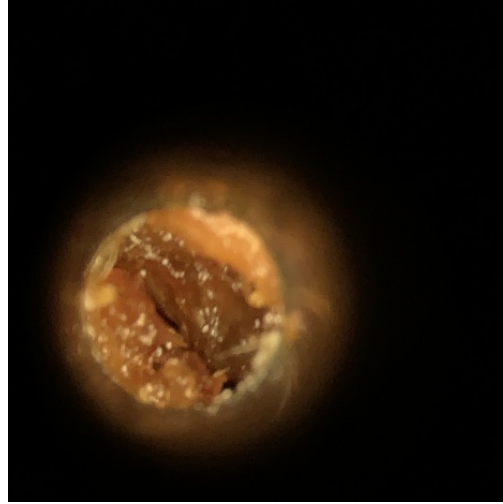
Left Ear - Ear Wax Removal

IMAGES | STEP: Photo



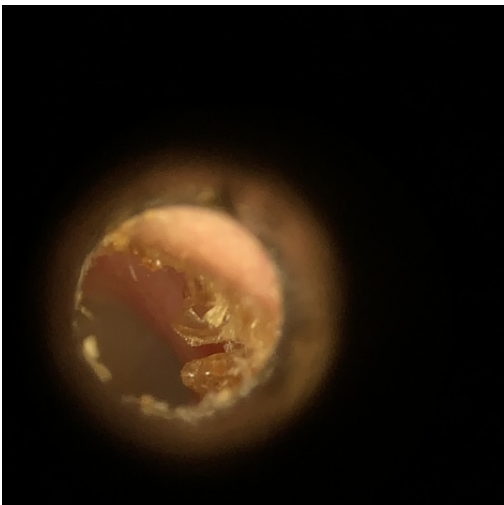
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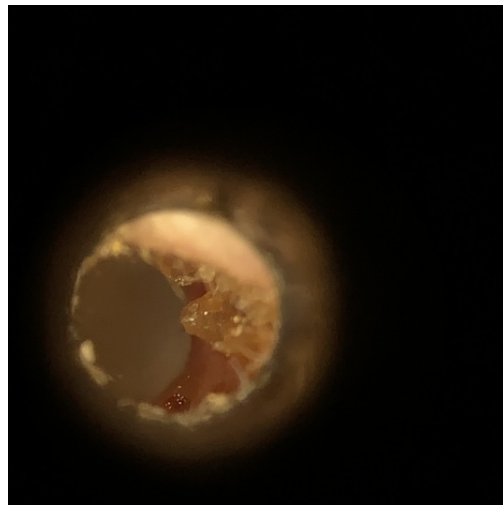
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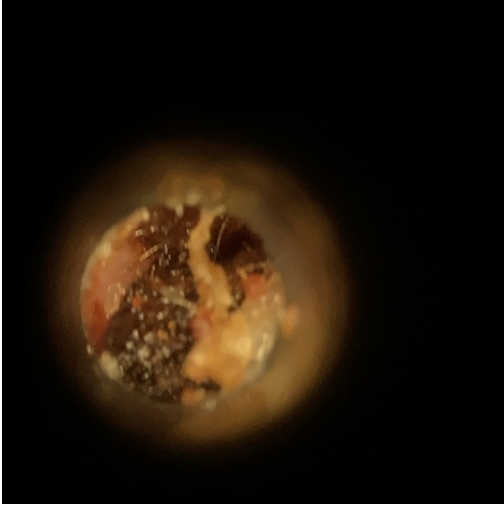


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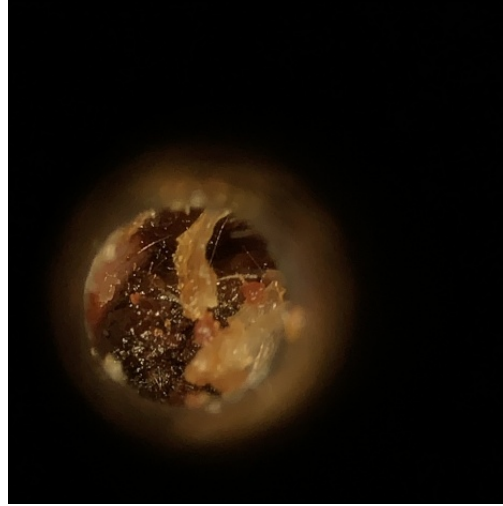
Right Ear - Ear Wax Removal

IMAGES | STEP: Photo



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