



Rest Home ear care
REGISTERED NURSE

Consent Form for micro-suction practice:

Name:

DOB:

Facility:

I hereby give consent for a micro-suction ear cleaning procedure, by a Registered Ear Nurse from Rest Home Ear Care.

I understand Rest Home Ear Care will be visiting the facility on a 6 monthly basis and the cost will be \$50 if seen as a group clinic (6 plus residents). Individual visits \$80 (1 person) two or more residents \$65 per person

Verbal Consent given:

Written consent given:

Consenting person:

Relationship to client:

Signed:

Date consent given:

Email: cheryl@resthomeearcare.co.nz

Mobile: 027 4175729

www.resthomeearcare.co.nz