



Ear Candling Client Information and Release Form

Name: _____

Phone # _____

Address: _____

Email address: _____

What is your reason for wanting ear candling? _____

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Have you been treated by a physician for this condition? ____

Do you have a perforated ear drum, ear tubes, or any other ear conditions that would not allow this treatment? _____

Disclaimer: Ear candles are not a medical device and are no substitution for professional medical care. Consult your health professional before using this product. Not recommended for individuals with perforated ear drums, ear tubes, or other ear conditions. This product and information has not been approved or evaluated by the FDA.

No claim is made for a diagnosis, treatment, or a cure of any disease, ailment, pain or condition. Misuse and carelessness can lead to serious injury.

Client Signature: _____

Date: _____