

I have been advised that my best interests would be served if I had a medical evaluation by an otologist, otolaryngologist, or any licensed physician before my purchase of a hearing aid.

Richard Claffey, Pennsylvania Registration #F02398, has fully and clearly informed me of the value of such medical examination.

After such a explanation, I voluntarily sign this waiver. I choose not to seek a medical examination before the purchase of the hearing aid.

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**(Signature of Registrant)**

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**(Signature of Purchaser)**