Cerumen Impaction Removal Note

Date: ___________________________  Intake by: ___________________________

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<th>Ear</th>
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The procedure was explained to the patient, including all risks, benefits, alternatives and potential complications. Verbal informed consent was obtained.

Left Ear:
- Impacted cerumen was identified blocking ear canal
- Using an ear curette a □ small □ moderate □ large amount of cerumen was removed ______ times by the provider
- Using an ear hook a □ small □ moderate □ large amount of cerumen was removed by the provider
- Using forceps a □ small □ moderate □ large amount of cerumen was removed by the provider
- External canal was lavaged with warm water
- No trauma to external ear canal during procedure
- Minimal trauma to external ear canal during procedure
- Antibiotic ____________________________ was applied to canal

Right Ear:
- Impacted cerumen was identified blocking ear canal
- Using an ear curette a □ small □ moderate □ large amount of cerumen was removed ______ times by the provider
- Using an ear hook a □ small □ moderate □ large amount of cerumen was removed by the provider
- Using forceps a □ small □ moderate □ large amount of cerumen was removed by the provider
- External canal was lavaged with warm water
- No trauma to external ear canal during procedure
- Minimal trauma to external ear canal during procedure
- Antibiotic ____________________________ was applied to canal

69210: Instrumentation was used to remove impacted cerumen. Removal required a significant amount of time

Post Procedure:
- Ear canal □ left □ right clear, normal TM
- Patient was requested to make a follow-up appointment in _______ □ days □ weeks □ months
- Patient tolerated the procedure well and there were no complications
- Verbal ear care instructions were given to patient or parent
- Written ear care instructions were given to patient or parent
- Patient was instructed to call the office if there are any problems or questions

Dictated note

Clinician Signature: ___________________________

FamilyCare

Vital Signs
BP _______ P _______
RR _______ T _______
Please print this form CFG-0204-2.surg.prog.note as follows:

- 8.5 X 11 24# white paper
- 1 sided printing
- reverse side is blank
- black ink
- no folding
- 2 holes punched centered at page top of page 2 standard for chart forms

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Questions please contact Bob Smithing at 253.852.7723