**Information and Consent for an Epley Manouvre**

Please read the information on the leaflet carefully, and ask if there is anything that you do not understand. Prior to the procedure, you must fill this consent form in online and send it to the practice to add OR ask for a print out from reception and fill it in.

Top of Form

Name*(Required)*

FirstLast

Date of Birth*(Required)*

I can confirm that I have read the leaflet about the Epley Manouvre



If you have any further questions please write them down in the space below

Signature

NameBottom of Form