

*For guardians who are ongoing patients of Oakdale Ear, Nose & Throat Clinic, it may be more convenient to have prior authorization for medical care delivered to patients without a guardian having to be present prior to treatment. Please review the following authorization for treatment and complete the information if you want to authorize such treatment in advance.*

### AUTHORIZATION

I (we) request and authorize Oakdale Ear, Nose & Throat Clinic and its personnel to deliver medical care to my (our) ward listed below:

PLEASE PRINT

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please try to contact me (us) regarding the health care of my (our) ward at the following number(s):

Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Other (Relationship): \_\_\_\_\_ Day Phone: \_\_\_\_\_

(Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Print NAME AND RELATIONSHIP of person being authorized to bring in ward:

\_\_\_\_\_

NOTE: If there are any special custodial relationships, please explain in the space below with your signature, printed name and phone number at which you can be contacted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_