EASTERN OKLAHOMA
EAR, NOSE & THROAT, Inc.

AUTHORIZATION FOR INFORMATION AND MEDICAL CARE FOR PATIENTS 17 YEARS AND UNDER

Minor's Name in Full _____ Date of Birth _____

Name of Adult Accompanying Minor _____ Date _____

I, _____ (Parent/Legal Guardian) give authorization for _____ (Minor)
to receive medical care from Dr. _____ without a parent being present.

Please check one of the following:

- ☐ Is effective only on _____
- ☐ Is effective from _____ to _____
- ☐ Is effective until revoked in writing.

Witness _____ Parent/Legal Guardian _____

Date _____ Date _____

Contact numbers for parents:

Home _____

Work _____

Cell _____

Contact numbers for parents:

Home _____

Work _____

Cell _____

Yale Office - 5020 E 68th Street, Tulsa, OK 74136
Mingo Office - 9343 S Mingo Road, Tulsa, OK 74133
(918) 492-3636 · **www.eoent.com**