MinnesotaENT
EAR NOSE AND THROAT SPECIALISTS

Guardian Pre-Authorization for Medical Care

For guardians who are ongoing patients of Minnesota ENT, 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 Minnesota ENT 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.

_____

_____

_____

_____

_____

Printed Name: _____

Signature: _____

Phone: _____