

Ohio ENT

PEDIATRIC AND ADULT EAR, NOSE & THROAT

PHYSICIANS

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LOCATIONS

555 S. 18th St. Suite 6B
Columbus, OH 43205
(614) 221-6789

974 Bethel Road Suite A
Columbus, OH 43214
(614) 538-2424

4300 Clime Road Ste 100
Columbus, OH 43228
(614) 275-4300

477 Cooper Rd. Suite 480
Westerville, OH 43081
(614) 882-5647

6499 E. Broad St. Ste A
Columbus, OH 43213
(614) 755-5151

551 W. Central Ave. Ste 202
Delaware, OH 43015
(740) 368-5588

6670 Perimeter Dr. Ste 120
Dublin, OH 43016
(614) 889-8010

7901 Diley Rd., Ste 205
Canal Winchester, OH 43110
(614) 755-5151

BILLING OFFICE

1810 Mackenzie Drive
Columbus, OH 43220
(614) 273-2250

CENTRAL SCHEDULING

(877) 273-2230

www.OhioENTdocs.com

Patient Name: _____
Please Print

As the legal parent/guardian of patient _____, I am authorizing this
minor to attend, without my presence, his/her appointment at Ohio ENT. I give consent for

_____ - _____, to attend this appointment with my minor in
Patient Representative Name Relationship to Patient

my absence. I understand that Ohio ENT is not responsible for supervision of this minor and I hold
Ohio ENT harmless. I also give my consent to Ohio ENT to follow their emergency protocol if
urgent medical care should be needed. I can be reached at the following number during the time of this
minor's appointment _____.

Print Name of legal parent/guardian

Signature of legal parent/guardian

Date