

Ohio ENT

PEDIATRIC AND ADULT EAR, NOSE & THROAT

PHYSICIANS

Alfred J. Fleming, MD
Iain L. Grant, MD
Akash Gupta, MD
Jeffrey A. Hall, MD
Mary C. Hart, MD
Jeffery B. Hiltbrand, MD
Steven M. Hirsch, MD
Richard T. Irene, MD
Lawrence Koegel, Jr., MD
Howard W. Lowery, MD
James D. Lowery, MD
Thomas S. Main, MD
Michael D. Martyn, MD
Blaize O'Brien, MD
David M. Powell, MD
Ashish R. Shah, MD
Adam C. Spiess, MD
Evan J. Tobin, MD
Darryl N. Willett, MD

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

444 N. Cleveland Ave. Ste 200
Westerville, OH 43082
(740) 368-5588

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

BILLING OFFICE

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

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 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