



# **Ear, Nose and Throat Associates of Northern Colorado & The Hearing and Balance Clinic**

Affiliated with Ear, Nose and Throat  
Associates of Northern Colorado

## **Consent Form for Prior Authorization to Treat Minors**

For families who are ongoing patients of our facility:

It may be more convenient to have prior authorization for medical care delivered directly to minors without a parent 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. We prefer that you be present with your child for their appointments. This is only in the case of an emergency when it is not possible for you (The parent/legal guardian) to be present.

### **AUTHORIZATION:**

I (we) request and authorize THE EAR NOSE AND THROAT ASSOCIATES OF NOTHERN COLORADO AND/ OR THE HEARING AND BALANCE CLINIC and its personnel to deliver medical care to my (our) child(ren) listed below:

PLEASE PRINT

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

**Name:** \_\_\_\_\_

DOB: \_\_\_\_\_

**Bruce M. Smith M.D.**

**Meghan Abraham, Au.D., FAAA, CCC-A**

**Amy Mullin Ph.D., CCC-A**

2121 E Harmony Rd. Ste 350 Ft. Collins, CO 80528  
Phone (970) 484-6373 Fax (970) 484-0382

**Please try to contact me (us) regarding health care of my (our) children at the following phone number(s).**

Parents name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Parents name(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_

Other (Relationship): \_\_\_\_\_

Phone(s): \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name and Relationship:** \_\_\_\_\_

**NOTE:** If there are any special parental or custodial relationships (such as custody with one parent only, legal custody/guardianship with non-parent, etc.), please explain in the space below with your signature, printed name and the best phone number at which you can be contacted.

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

***Printed name and Relationship:*** \_\_\_\_\_

***Signed:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

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