Appalachian Hearing and Speech Center

423-328-9190
Fax: 423-328-9189

www.apphsc.com info@apphsc.com 306 Sunset Drive Suite 103 - Johnson City, TN 37604

Designation of Another Person to Consent/Accompany Minor to Appointment

Patients under the age of 18 must be accompanied by a parent or guardian for their visits to our office. Below please provide parent or guardian names and phone numbers....

Father _____ Cell # _____ Other #_____

Mother _____ Cell# _____ Other# _____

Guardian _____ Cell# _____ Other# _____

Optional Consent:

If I cannot be present for an appointment, I give consent for Appalachian Hearing and Speech Center to evaluate and treat the minor patient in my absence under the supervision of the following adult/s.....

Name _____ Relationship to patient _____
Phone# _____

Name _____ Relationship to patient _____
Phone# _____

Name _____ Relationship to patient _____
Phone# _____

I give my consent for evaluation and treatment of.....

Legal Name of Minor Patient _____

Signature of Parent or Guardian _____ Date _____