



**Ear, Nose and Throat Associates
of South Florida, P.A.**

Caring For Our Patients Since 1963

www.entsf.com

MEDICATIONS:

ALLERGIES:

MESSAGE CONSENT

It is our policy to notify you of all test results ordered by this office and to confirm appointments. This is to acknowledge that you authorize us to:

Leave a detailed message on voice mail/answering machine.

YES _____ NO _____

If not at home, who may we leave a detailed message with?

Please name individuals that you hereby authorize on your behalf to speak with this office regarding all aspects of your medical chart, i.e., health conditions, medications, financial history.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Print Patient Name: _____ Date: _____

Patient Signature: _____