



## Ear, Nose, Throat & Plastic Surgery Associates, P.C.

### LEGAL REPRESENTATIVE PERMISSION FORM

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I, \_\_\_\_\_, give permission to the physicians and medical  
**Legal Representative**

Staff at Ear, Nose, Throat & Plastic Surgery Associates, PC to consult, treat and perform any diagnostic

testing on \_\_\_\_\_, who will be accompanied by  
**Patient Name**

\_\_\_\_\_, who has brought the patient in on my behalf.  
**Alternate Representative**

This Permission for is good for:

- The following date: \_\_\_\_\_
- The following date range: \_\_\_\_\_ to \_\_\_\_\_
- All dates (does not expire)

\_\_\_\_\_  
**Signature of Legal Representative**

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

\_\_\_\_\_  
**Relation of Legal Representative**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Relation of Alternate Representative**

**Please fill out and send back to the office:**

Fax: 810-603-3152

Email: [info@michiganENTdoctors.com](mailto:info@michiganENTdoctors.com)

Mail: 3455 Regency Park Drive, Grand Blanc, MI 48439