Ear, Nose, & Throat Consultants of North Mississippi
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Bradford J. Dye, M. D. B. Pearson Windham. M. D. John F. Laurenzo, M. D.

MEDICAL WAIVER

This is to authorize my physician, _____, to speak with
(Name of physician)

_____ who is my _____, and
(Name of contact person) (Relationship)

discuss with them the medical treatment I have been receiving from my physician and his clinic and any other matters related to that medical treatment.

In addition, the doctor, nurse or office staff may need to leave a message on your voicemail when trying to contact you or your contact person listed above.

This authorization shall remain in effect until such time as it is withdrawn by me in writing, regardless of the date signed.

_____ _____
Date Signature

I give my permission to ENT Consultants as the parent of _____
for this office to fax medical excuses to my child's school.

_____ _____
Date Signature

_____
Witness