



East office
2121 N Craycroft Rd. Building 5
Tucson, AZ 85712
520.296.8500

Northwest office
1358 W Orange Grove Rd
Tucson, AZ 85704
520.575.1272

Periodically there may be times when you are unable to bring your child to the office for allergy shots and you will need to rely on a family member or a friend. We understand the circumstances; however, we must have a written authorization letter allowing this person to accompany your child (ren). The person bringing your child will need to present photo identification upon requested by our allergy staff at the time of the service.

I _____ give the person(s) listed below permission to bring my child to Tucson Ear Nose and Throat to get allergy shots.

This authorization gives the person(s) to bring your child (ren) in to get allergy shots. I also give them the authority to make more serious or urgent health care decisions in the event that I cannot be reached or where it is an emergency nature where there is not sufficient time to seek out my specific consent.

Child's name _____ Date of birth _____

Child's name _____ Date of birth _____

Child's name _____ Date of birth _____

Name of person(s) allowed to bring the child (ren)

_____ Relationship to child _____

_____ Relationship to child _____

_____ Relationship to child _____

Signature of parent/guardian _____ Date _____

Physicians: Robert L. Dean, M.D. Keith C. Soderberg, M.D. John B. Chastain, M.D. Jonnae Ostrom, MD
David Hu, M.D. David A. Parry, M.D. Elias D. Stratigouleas, M.D. Robert B. Cravens, M.D.
Maheep Sohal, M.D.

Audiologists: Abel Smith, AuD. Sarah Laszok, AuD. Karla Navarro, AuD.
Stephanie M. Navarrete, AuD. Christine Francart, AuD.