

Bliss Speech and Hearing Services, Inc.
12700 Hillcrest Road, Suite 207 • Dallas, TX 75230-2068
Phone: (972) 387-2824 • FAX: (972) 387-9097 • www.blisspeech.com

I, _____ give Bliss Speech and Hearing Services, Inc.
(Name)
authorization to send a copy of my child's evaluation report to the following:

_____ Physician: _____
(Name)

(Address)

_____ School: _____
(Name)

(Address)

_____ Other: _____
(Name)

(Address)

I also authorize the release of any information necessary to my Health Insurance Company and Physician for the processing of claims.

Signature

Date