



Testimonial Authorization Sheet

The Ear, Nose & Throat Center
2121 Line Avenue
Shreveport, LA 71104-2126

Patient's Name: _____

Thank you for your willingness to release photo, first name, and comments about your satisfaction with the Ear, Nose & Throat Center and/or the Hearing Center regarding the service and treatments you've received.

I authorize the Ear, Nose & Throat Center and/or The Hearing Center to utilize my photo, first name and my comments below for the purpose of advertising to the open market and website.

Signature

Date

Occupation or Title

City of Residence

My Comments/Testimonial:

Thank you.

The Professionals at The Ear, Nose & Throat Center