



David A. Yates & Associates, Inc. dba (check laboratory location)

___ Jonesboro Prosthetic & Orthotic Laboratory, 820 Professional Acres Dr., Jonesboro, AR 72401, 870-932-6436

___ JP&O Prosthetic & Orthotic Laboratory, 14 Medical Plaza, Mountain Home, AR 72653, 870-425-3252

___ JP&O Prosthetic & Orthotic Laboratory, 1014 N. Spring St., Harrison, AR 72601, 870-743-4440

___ JP&O Prosthetic & Orthotic Laboratory, 1432 Harrison St., Batesville, AR 72501, 870-698-0991

Authorization to Evaluate and Treat a Minor Child

To whom this Authorization may concern: By my signature below I authorize and agree to evaluation and treatment of my child, _____ for professional Orthotic and/or Prosthetic services.

I further authorize and request insurance payment be made directly to David A. Yates & Associates, Inc. and/or its laboratories for services rendered to my child for the purpose of treatment. I agree that insurance claims are filed as a courtesy, that I will aid in the attempt to collect insurance payment for devices provided to my child, and that I am financially responsible for all charges.

Parent/Guardian's name (print) _____

Signature _____

Date _____