In an effort to expedite Medicaid/Sooner Care’s requirements for a recent hearing screening, OU’s John Keys Speech and Hearing Center has agreed to assist our therapists and clinic. Please call to make an appointment.

**Take with you:**

1. **This document- It will act as a release of information so we may receive a copy of the screening results to submit to MC/SC.**
2. **Your child’s Medicaid/Sooner Care ID card.**

**JOHN KEYS Speech and Hearing Center**

**OU Health Science Center**

**1200 N. Stonewall**

**OKC, OK 73117**

**271-2866**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MC ID#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give John Keys Speech and Hearing Center permission to send my audiology report to

(print parent name)

**Speech Link, Inc.** for the purpose of determination and authorization of speech-language services.

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fax results to: Speech Link, Inc. 405-455-5988**