

CONSENT FORM

Name (Print): _____ Date of Birth: _____

E-Mail Address: _____

I give permission to the office staff to talk to my Mother / Father / Other (put a check next to who you give permission) about my insurance and my billing.

____ Mother (Name): _____ Phone#: _____

____ Father (Name): _____ Phone#: _____

____ Other (Name): _____ Phone#: _____

I would like my statements sent to the following address:

I give my physical therapist permission to talk to my Mother / Father / Other (put a check next to who you give permission) about my treatment.

____ Mother

____ Father

____ Other

I give my physical therapist permission to talk to or send my records to the Athletic Training Staff at:

SIGNATURE

DATE