



INFORMED CONSENT FOR TREATMENT

I am aware of my diagnosis and agree to receive treatment at Advantage Physical Therapy. I permit its employees and all other persons caring for me to treat me in ways they judge are beneficial to me. I understand that this care can include an evaluation, testing, and treatment. No guarantees have been made to me about the outcome of this care.

I give permission to Advantage Physical Therapy to release information, verbal, and written, contained in my medical record, and other related information to my insurance company, rehab nurse, case manager, attorney, employer, school, related healthcare provider, assignees, and /or beneficiaries and all other related persons as it relates to my treatment.

I authorize Advantage Physical Therapy to obtain medical records and /or professional information from my physician or other medical professional as it relates to my treatment.

Patient Signature _____