

Notice of advice:

I have been informed of the possibility that physical therapy treatment may not be covered by my health care insurer without the prescription/referral of a physician, dentist, podiatrist, or nurse practitioner, but may be a covered expense, if treatment was rendered pursuant to such prescription/referral.

Treatment will begin on: _____
Date

Patient Name: _____

Address: _____

I have received a copy

Signature: _____ Date: _____

Therapist Name: _____ License #: _____

Address: _____

Therapist Signature: _____ Date: _____