



Informed Consent:

I consent to all medical treatment and procedures deemed necessary that may be performed under the instructions of my healthcare provider. I hereby voluntary consent to the rendering of treatment by the physical therapist of MY PT, Inc. I am aware that physical therapy is not an exact science and I acknowledge that no guarantees have been made to me as a result of my condition and physical performance. I consent to the release of my medical information to other health care providers for the purpose of my diagnosis/treatment.

Signature_____Date_____

Patient Authorization:

By my signature below, I also authorize assignment of financial benefits directly to MY PT, Inc, for services rendered as allowable under standard third party contracts. I understand that I am financially responsible for charges not covered by this assignment. I further authorize payment directly to MY PT inc, and authorize a digital transmission of this authorization as valid.

Signature_____Date_____