Rehabilitation Physical Therapy
Relieving pain. Restoring lives. One patient at a time.

1578 Williamsbridge Rd. Suite 3D
Bronx, NY 10461
Phone: (718) 863-DAZA (3292)
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MEDICAL TREATMENT AUTHORIZATION

DATE _____

I, _____ authorized the licensed healthcare professionals at REHABILITATION PHYSICAL THERAPY SERVICES P.C. To assess and provide me with appropriate professional care and treatment.

PRINT NAME _____

SIGNATURE _____

MEDICAL TREATMENT AUTHORIZATION FOR CHILDREN UNDER 18 YEARS OF AGE AS THE LEGAL GUARDIAN OF _____,
I AUTHORIZE THE LICENSED HEALTH CARE PROFESSIONALS AT REHABILITATION PHYSICAL THERAPY SERVICES, P. C. TO PROVIDE MY CHILD WITH APPROPRIATE PROFESSIONAL CARE AND TREATMENT.

DATE _____

PRINT NAME OF PATIENT _____

PRINT NAME OF THE LEGAL GUARDIAN _____

SPECIFY RELATIONSHIP TO THE PATIENT _____

SIGNATURE OF THE LEGAL GUARDIAN _____