

CONSENT TO TREAT:

I, _____, have been advised of the course of treatment as described by my therapist. I have also been advised that any and all changes to my program will be discussed with me.

I have read the above statement and had questions answered and do hereby give my consent to be treated by AZ SPORTSCENTER: PHYSICAL THERAPY & CONDITIONING, INC.

Patient: _____ Date: _____

Parent/ Guardian: _____ Date: _____