Guarantor / Minor Assignment & Consent

I declare that I am the parent/legal guardian of _____

(Patient Name)

And that I authorize Physical Therapy Central, Inc. to render services to said patient named above.

Parent/Legal Guardian Name: _____

Relation to patient:_____

Address:_____

City, St, Zip:_____

Home Phone:_____Cell #:_____

Soc Sec #:_____Date of Birth:_____

Employer:_____

Employer Phone:_____

Signature: _____ Date: _____