Milestone Pediatric Therapy Services, Inc

40 Professional Drive Jefferson, GA 30549

Phone: 706-367-1141 Fax: 706-367-1142

Patient Authorization

All information provided herein is true and correct

I am aware of my diagnosis and wish to receive treatment at this time. Milestone Pediatric Therapy Services, Inc. or affiliated company. I permit its employees and all other person(s) caring for me to treat me in ways they judge are beneficial to me. I understand that this care can include an evaluation, testing and treatment. No guarantees have been made to me about the outcome of said care.

I give permission to Milestone Pediatric Therapy Services, Inc and its subsidiaries and affiliates to release information verbal and written, contained in my medical record, and other related information, to my insurance company, rehab nurse, case manager, attorney, employer, school, related healthcare provider, assignees and /or beneficiaries and all other related persons as it relates to my treatment.

I authorize Milestone Pediatric Therapy Services/or its subsidiaries and affiliates to obtain medical records and/or professional information from my physician or other professional as it relates to my treatment.

**Please check one:**

* I allow for my/my child’s photographs and/or video taken at Milestone Pediatric Therapy Services to be used in promotional materials for the clinic including social media.
* I DO NOT allow my/my child’s photographs and/or video taken at Milestone Pediatric Therapy Services to be used in promotional materials for the clinic including social media.

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Signature Date

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Print Name

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Patient Name