FITNESS FUSION PHYSICAL THERAPY COACHING

Consent to Treatment & Cancellation

Consent to Treatment

I do hereby consent to such treatment by the authorized personnel of **FUSION Physical Therapy** as may be dictated prudent medical practice by my illness, injury or condition. This is intended as a waiver of liability for such treatment excepting acts of negligence.

I understand a Physical Therapy diagnosis is not a medical diagnosis by a physician or based on radiological imaging.

Print Name: _____Date: _____

Signature: _____

Cancellation Policy

We strive to provide our patients with excellent service and quality care. We will recommend treatment and set goals for you. In order to reach those goals you must do your part and your most important part is to make each and every appointment. While we expect you to keep all of your appointments, we recognize there may be a time when you need to cancel. We would appreciate **24-hour notice** if you need to cancel so we can fill your appointment time. If you **do not give 24 hour notice** or no show for an appointment, a **$40 fee** will be billed to you.

Print Name:_____ Date: _____

Signature: _____

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