THE VISIONS TO YOUR TOTAL REHAB

AUTHORIZATION FORM

Visions Physical Therapy would like to thank you for sharing your therapy results. We would like to acknowledge you by placing your name and comment in our monthly newsletter.

This is absolutely voluntary on your part to be included in our patient newsletter. If you have any concerns about authorizing us to utilize your name in our newsletter, please let us know. We will not place your name in the newsletter without a signed form.

I authorize Visions Physical Therapy to utilize my name in their monthly newsletter.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

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