



The foregoing policies contained in the **FACT SHEET** will become effective on _____ and remain in effect till discharged.

I have reviewed the policies set forth in the **FACT SHEET** and agree to comply with those policies. I also understand that Pediatric Physical Therapy Services/Debi Abdow-Addis, MS,PT reserves the right to terminate services to any client consistently missing appointments or overly delinquent with payment.

(PLEASE KEEP THE **FACT SHEET** FOR YOUR FILES AND RETURN THIS PORTION TO THE OFFICE).

NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE

CHILD'S NAME