

Phone: 214-810-4591 Fax: 972-739-9117

jeff@R3PTDallas.com www.R3PTDallas.com

## MEDICAL AUTHORIZATION FORM

I, (please print) \_\_\_\_\_\_ give the following person(s) authorization to contact R3PT and Jeff Jones to discuss my physical therapy treatment and plan of care.

1.	
5.	

Patient Signature:

Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_