

Premier Recovery Care

Check In

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client (“recipient”) confirm that I have entered Premier Recovery Care’s facility and it has acceptable accommodations, and the client will be assumed to have accepted services unconditionally unless a claim that the service(s) are defective is made within 15 minutes from the start of service.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Recipient Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Premier Recovery Care LLC Representative/Provider Signature





Premier Recovery Care

Registrarse

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ El cliente ("destinatario") confirmo que ingresé a las instalaciones de Premier Recovery Care y que tiene adaptaciones aceptables, y se asumirá que el cliente aceptó los servicios incondicionalmente, a menos que se haga un reclamo de que los servicios son defectuosos dentro de los 15 minutos posteriores a la inicio de servicio.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Firma del destinatario

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Firma del representante/proveedor de Premier Recovery Care LLC

