Angela Johnson, PT, DPT
Office: (501) 687-2000
Fax: (501) 687-1999
ajohnson@onsitetherapies.net

Release of Records

Patient: ____________________________________ DOB: ______________________

Address: ___________________________________ Phone: ___________________

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Release the following records:

Speech, Physical and/or Occupational Therapy Evaluation Reports, Educational Evaluations Including IQ Testing, Therapy Treatment Plans, Prescriptions, and other relevant information pertaining to the provision of Speech, PT and/or OT.

Release records to: Onsite Therapies
Attn: Angela Johnson, PT, DPT
Fax: (501) 687-1999

I authorize the release of my child's medical/therapy records to the above clinic.

________________________________ ____________________
Parent/Guardian Signature Date

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Parent/Guardian Signature