

# Laura N. Johnson, M.S., CCC-SLP

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*ASHA Certified Speech Language Pathologist*

I, \_\_\_\_\_, hereby authorize L. Johnson Speech Services to charge my credit \$250 for a speech evaluation. If I choose to pursue therapy, I also authorize charges for ongoing therapy sessions based on a rate of \$140 per hour.

CC \_\_\_\_\_

CVC \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_