



Olender Physical Therapy  
Strength in Motion • [www.olenderphysicaltherapy.com](http://www.olenderphysicaltherapy.com)

**Consent for Treatment**

I, the undersigned, a patient at Olender Physical Therapy, do hereby agree and give my consent to medical treatment in treating my physical condition. I authorize the release of any medical information about me and/or discuss issues of my care to any relevant persons excluding: \_\_\_\_\_.

**Cancellations/No Show Policy**

I understand the need for curtesy to give my therapist at least 24 hours notice if I need to cancel my appointment and agree to pay a \$25 cancellation fee if I fail to give sufficient notice.

**Payments**

Payments are due on the date of service.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_