



**SPINE AND SPORTS
REHABILITATION CENTER**
PHYSICAL THERAPY

PATIENT CONSENT TO EVALUATION AND TREATMENT

PATIENT
NAME _____ DATE _____

As a patient of Spine and Sports Rehabilitation Center (SSRC) you have the right to be informed about your condition and the recommended physical therapy procedures to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I voluntarily request Conrad & Renzi, P.A. t/a Spine and Sports Rehabilitation Center and such associates, technical assistants and other health care providers may deem necessary, to treat my condition which has been explained to me. I understand that the following procedures are planned for me and I voluntarily consent to authorize the procedures for evaluation and treatment of my condition.

I understand that no warranty or guarantee has been made to me as a result or cure.

I have been given the opportunity to ask questions about my condition and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent.

I certify this form has been explained to me and that I have read it or have had it read to me, that the blank spaces have been filled in and that I understand its contents.

_____ DATE	_____ TIME	_____ a.m/p.m.
_____ PATIENT SIGNATURE	_____ WITNESS SIGNATURE	

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