

FAIRHOPE PHYSICAL THERAPY SERVICES  
243 SOUTH GREENO ROAD, FAIRHOPE, AL 36532

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Do we have your permission to leave a message on your answering machine/voice mail with a family member or legal representative regarding appointments, billing or other matters regarding your treatment?

Yes  No  Other (email) \_\_\_\_\_

May we call you at work?  Yes  No

### **ACKNOWLEDGEMENT**

Patient name: \_\_\_\_\_

Patient or personal representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

If personal representative's signature appears above, please describe personal representative's relationship to patient. \_\_\_\_\_