

## DIRECT ACCESS NOTICE OF ADVICE

I have been informed of the possibility that Physical Therapy treatment may not be covered by my health care insurer without the referral of a physician, dentist, podiatrist, or nurse practitioner, but may be a covered expense, if treatment was rendered pursuant to such referral.

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TREATMENT WILL BEGIN ON (MM/DD/YYYY)

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PATIENT'S NAME

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PATIENT'S SIGNATURE

DATE (MM/DD/YYYY)

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ADDRESS STREET

CITY

STATE

ZIP

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I have received a copy of this notice

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THERAPIST'S NAME

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LICENSE NUMBER

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ADDRESS STREET

CITY

STATE

ZIP

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THERAPIST'S SIGNATURE

DATE (MM/DD/YYYY)

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