

Blue Water Therapy
916 N. Dixie Freeway
New Smyrna Beach, Florida 32168
Phone: 386-426-7885 Fax:1-866-239-9013
bluewatertherapy1@gmail.com

Medical Records Release and Request Form

I (the undersigned) give my consent for Blue Water Therapy to request and receive any and all medical documents related to my treatment of physical therapy performed through them. I also hereby authorize Blue Water Therapy to release medical information necessary to any and all parties involved in my medical treatment (example: health care providers, insurance carriers, attorney or any other person representing me on my behalf).

Patient Signature or Guardian Date

Print Name or Guardian Date

Date of Birth

Treating Physician

CANCELLATION POLICY

If you are unable to follow the prescribed treatment plan and have 2 or more cancellations or no shows to your appointments without a 24 hour notice, we reserve the right to discharge you until which time your schedule permits your consistent participation in your rehabilitation program. There will also be a fee of \$25.00 each time that you will be charged. We strive to achieve the highest standard of care.

_____ I have read and understand the cancellation policy
Initial