

Pfister Physical Therapy

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Physical Therapy Consent to Treatment

I, the undersigned, do hereby authorize _____ to administer treatment as is necessary. I acknowledge that no guarantee or assurance has been, nor can be, made as to the results of the prescribed treatment. Furthermore, I understand that I am ultimately responsible for payment of all services rendered, unless otherwise provided by law.

Cancellation/No-Show Policy

I understand that cancellations should be made 24 hours prior to the scheduled visitation time. I am aware that a fee will be enforced that amounts to 100% of the scheduled session for no shows or late cancellations.

By signing below, I confirm that I have read and agree to the above terms and conditions.

Patient or Legal Guardian's Signature

Date