



Eastern Rehab Services

Helping you regain functional independence.

Consent Form

The signature of a prospective patient on this form provides consent to Eastern Rehab Services to perform an evaluation and, if necessary, treatment to that patient by any of the respective therapies employed by Eastern Rehab Services at the frequency and duration deemed appropriate as ordered by their physician. Signing this form also allows release of information to third party payers.

Patient Signature

Printed Name

Date