Gary G. Parker Jr. CKPT, DPT, WCC
Mark E. Tasber PT, OCS

Greene Physical Therapy & Wound Care
33 N Chenango St
Greene, NY 13778
(607) 656-4464

Oxford Physical Therapy
2 North Canal Street
Oxford NY 13830
607 843-5995

Whitney Point Physical Therapy
2663 Main St,
Whitney Point, NY 13862
(607) 692-4420

Name: _____
First, Middle Initial, Last

Address: _____ _____
Street Address City, State, Zip Code

Employer Name: _____ Address: _____

Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-Mail: _____

Date of Birth: _____

Sex: ____ M ____ F Soc Sec #: _____ - _____ - _____

Latex Allergy: _____ yes _____ no

Referring Physician: _____

Primary Care Physician: _____

Type of Insurance: _____

Authorization for Release of Information:

I _____ hereby authorize release to Greene, Oxford or Whitney Point Physical Therapy any information including surgical reports, x-ray reports, and any other tests and examination, which were rendered to me. I further authorize Greene, Oxford or Whitney Point Physical Therapy to release information for this episode of physical therapy and /or to allow review of my medical record for reimbursement purposes. I further consent and authorize the release of information from Greene, Oxford or Whitney Point Physical Therapy to physicians or other health professionals involved in my care.

Consent for Care/Treatment:

I hereby consent to care by Greene, Oxford or Whitney Point Physical Therapy. I acknowledge and consent to the following: I understand that my care is based on a treatment plan ordered by my physician, my treatment plan may change as my care needs change, and that I will be informed of treatment plan changes.

Insurance:

We will submit your insurance claims to the insurance company that holds your policy, but the insured is responsible for Any claims not paid or for uncovered services. I understand that I will be responsible for all collection fees incurred.

Patient Signature: _____ Date: _____