

Sobe Innovative Rehabilitation

PO Box 161
Miami, FL 33163
Phone: (786) 770-9480

CONSENT FOR TREATMENT

I, the undersigned, hereby agree and give my consent to Sobe Innovative Rehabilitation to administer such treatment and care as is prescribed and considered therapeutically necessary on the basis of findings during the course of treatment. I also authorize Sobe Innovative Rehabilitation to communicate my treatment and care to my physician(s) for enhanced coordination of care. I, further authorize Sobe Innovative Rehabilitation to furnish information to insurance carriers concerning this treatment and I hereby assign all payment for the services rendered. The information provided is accurate to the best of my knowledge.

Relationship to Patient:

Signed By

Date