

APPOINTMENT INFORMATION

Patient Name: _____ **Appointment Day/Time:** _____

YOUR first physical therapy session will include a structural and functional evaluation as it relates to your specific physical problem. A plan of treatment is determined following the initial evaluation of your condition. Charges for physical therapy sessions are determined by both the time spent and the procedures required.

PLEASE bring your *Doctor's Prescription and your Insurance Cards* to your first appointment.

We ask for your cooperation in helping all our patients remain on schedule for all appointments. Please notify us at your earliest convenience if you must reschedule an appointment (24 hours usually allows us to schedule another patient in your appointment slot and helps us to hold down all patients' costs).

Missed appointments with no notice to our office may result in a \$15.00 charge.

We look forward to seeing you and being a part of your rehabilitation!

Sincerely,

Linda Stremel, P.T

Jennifer Pentrack, P.T.

Sandy Orwig, P.T.

Joseph Champagne, P.T.

Carolyn George, P.T.

Beth Venable, P.T.