



NEW DIMENSIONS
physical therapy

Treatment Release Form

Type of Equipment: _____

I voluntarily consent to the use of the _____ in the treatment of
(Name of unit)

(Diagnosis)

I am aware that the practice of physical therapy is not an exact science and I acknowledge that no guarantees have been made to me as to the results of these services at New Dimensions Physical Therapy (Kern-Steiner Inc). It is this clinic's or equipment representative's sincere intent to educate me on every process as to the use of equipment (such as a TENS unit) that is being used are not understood, it is my responsibility to obtain a clearer understanding of what the therapist's objectives and outcomes are, and how he/she is trying to achieve them.

This consent shall be ongoing for the duration of your care at New Dimensions Physical Therapy.

I, _____, have read this form and fully understand and accept its terms and conditions.

Patient or Person authorized to consent for Patient/Relationship _____
Date/Time

If the patient is unable to sign this consent form, their authorized representative will complete the remainder of this form and sign below.

I, _____, am consenting for _____ and have read this form and fully understand and accept its terms and conditions, _____ (Date/Time).

Reason patient was unable to consent

Witness Signature

Kern-Steiner, Inc.