Therapy Unlimited, LLC
4200 Merchant Street Ste 103, Columbia, MO 65203
www.therapyu.org
573-777-8783-main
573-777-8784-fax

EVALUATION/TREATMENT AUTHORIZATION

I, _____(Caregiver), authorize Therapy Unlimited, LLC to evaluate and/or provide therapy to _____.

I, _____(Caregiver), have been informed about the benefits _____ should gain from therapy intervention at this time.

_____

Legal Guardian or Patient Signature Date