

VANCOUVER
Rehabilitation
& Therapy
CLINIC, P.S.

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Patient's Name: _____

Patient's Date of Birth: _____

Vancouver Rehabilitation & Therapy Clinic's staff has my permission to have the below name(s): Schedule/Cancel Appointments and have access to my protected health information.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This release expires: _____

Signature

Date

This release may be revoked by the patient at any time for any reason.

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Thank you for selecting Vancouver Rehabilitation & Therapy Clinic to be part of your rehabilitation.

Missed Appointment Policy: Due to the nature of our business having an updated schedule is of utmost importance, we appreciate your cooperation.

A \$35.00 Missed Appointment fee will be assessed for any appointment not cancelled within 24 hours and/or too many cancelled appointments.

Patient Signature

Date