

APTA/COLORADO DOCUMENT ORDER FORM

<i>Document Name / Description</i>	<i>Price</i>	<i>Qty.</i>	<i>Total</i>
<p>"Consent to Physical Therapy Treatment" <i>revised January 2004</i></p> <p>This General Request For and Consent to Physical Therapy Treatment form asks a patient to acknowledge that a physical therapist has explained the recommended physical therapy care, as well as the purpose and risks of care.</p> <p>The template provides the Physical Therapy practice accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the APTA/Colorado Chapter is not engaged in rendering legal, accounting or other professional service. If legal advice or other expert assistance is required, the services of a competent professional person should be sought. This form is copyrighted and the purchaser acknowledges that the form is for the purchaser's use only and that the form may not be copied for any other reason than for use by the purchaser's patients and practice.</p>	<p>\$50 for APTA/ CO members; \$150 for non- members</p>		\$
<p>"Payment Information" <i>January 2004</i></p> <p>This questionnaire provides the Physical Therapist general information about the patient, as well as insurance, guarantor and payment information. It asks additional information regarding an injury or accident such as if another person caused the injury, how the injury/accident happened, and if patient carries automobile insurance.</p> <p>The template provides the Physical Therapy practice accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the APTA/Colorado Chapter is not engaged in rendering legal, accounting or other professional service. If legal advice or other expert assistance is required, the services of a competent professional person should be sought. This form is copyrighted and the purchaser acknowledges that the form is for the purchaser's use only and that the form may not be copied for any other reason than for use by the purchaser's patients and practice.</p>	<p>\$50 for APTA/ CO members; \$150 for non- members</p>		\$

Prices include shipping and handling.

TOTAL AMOUNT DUE

\$

Contact name _____ Company _____

Mailing address _____

City, State _____ Zip Code _____

E-Mail Address _____ Ph (____) _____ Fax (____) _____

Payment Check (payable to APTA) Visa MasterCard

Cardholder (print name) _____

Card # _____ / _____ / _____

Exp. _____ / _____ Signature _____

Return completed order form and payment to:

APTA/Colorado Chapter • 7853 East Arapahoe Court #2100 • Centennial, Colorado 80112-1361

Fax (303) 694-4869 • Email apta@assnoffice.com

For APTA Use	Received _____	Paid \$ _____	Ck#/CC _____	Auth _____
Due \$ _____	Inv/date _____	Order filled/shipped on _____	h:\apta\forms\order.doc	