

Permission for Rehabilitation Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]

[Recipient's Name]

[Recipient's Title]

[Facility/Organization Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Name], hereby give my permission for rehabilitation services to be provided to [Patient's Name], born on [Patient's Date of Birth], effective immediately.

These services may include, but are not limited to, physical therapy, occupational therapy, and speech therapy, as recommended by the rehabilitation team.

This consent is valid until [Specify Duration] or until it is revoked in writing.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]