



MidState Therapy Associates

Speech & Occupational Therapy For Children and Adults

Release Form

Date: _____

I, _____, self/guardian of _____ hereby give my consent to MIDSTATE THERAPY ASSOCIATES in Manalapan NJ, to give/obtain information regarding selected service below to the appropriate professional agencies or sources (i.e., insurance company/ physician).

Speech Therapy

Occupational Therapy

Signature: _____

Address: _____