



**DuVal**

INTEGRATIVE PHYSICAL THERAPY

9235 Shady Grove Road, Suite 201 Mechanicsville, VA 23116

Phone: 804.789.1180 Fax: 804.789.1181

www.DuValPT.com

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**CONSENT FOR TREATMENT:** As a patient, the undersigned understands that his/her care is under the direction of their physician and DuVal Integrative Physical Therapy follows the instructions of said physician, and the undersigned consents to any services rendered the patient under the general and special instructions of the physician. The undersigned understands that the practice of medicine is not an exact science and that diagnosis and treatment may involve risks of injury or even death and further acknowledges that no guarantees have been made to me as the result of examination or treatment in this facility. The undersigned has been informed of his/her patient rights and responsibilities.

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Patient/Responsible Party

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Witness

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Date