

Dynamic Pediatric Speech Therapy, LLC
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678-335-6120

General Acknowledgement of Forms

I hereby acknowledge and agree that I read all of the forms and documents provided to me in connection with the evaluation and treatment provided by Dynamic Pediatric Speech Therapy, LLC and/or their employees.

I fully understand the meaning and intent of the forms provided and I agree to all content included.

I have been given an opportunity to ask questions about the forms provided. All my questions have been answered to my satisfaction by Dynamic Pediatric Speech Therapy, LLC.

Print Name of Client

Date

Signature of Client or Legal Representative

Relationship to Client