



Physician's Permission for Physical Management Program:

_____ has been examined and is physically able to be evaluated and treated by a physical therapist and to have a physical management program designed by a physical therapist.

Print Physician Name

Print Physician Mailing Address

Physician Signature

Date

Please return to:
The Bell Center for Early Intervention Programs
1700 29th Court South
Birmingham, AL 35209
Phone: (205)870-0081
Fax: (205)879-3416