



Dysphagia-Voice-Therapeutics PLLC
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Fax: (910) 668-1340
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General Acknowledgement of Forms

I hereby acknowledge and agree that I had read all of the forms and documents provided to me in connection with evaluation and treatment provided by Dysphagia & Voice Therapeutics PLLC and/or their employees.

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

I have been given an opportunity to ask questions about the provided forms and all questions I've asked have been answered to my satisfaction by [Dysphagia & Voice Therapeutics PLLC.

Print Name of Client

Date

Signature of Participant or Legal Representative

Relationship to Client

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