



Ideal Speech
Orange Park, Florida
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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 [Private practitioners name or private practice name] 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 [Private practitioners name or private practice name].

Print Name of Patient

Date

Signature of Participant or Legal Representative

Relationship to Patient

