

**GENESEE VALLEY
PHYSICAL THERAPY
& SPORTS REHAB., P.C.**

Daniel E. Geen, PT
William L. Jackson, PT
Ryan D. Healey, PT, DPT, CSCS
Michael R. Brown, PT, DPT, CSCS, OCS,FAAOMPT

Sarah E. Lipinski, MSPT
Lindsay A. Jackson, MSPT
Jane Vanderwall, PT
Timothy Wilbert, MSPT

I _____, hereby give Genesee Valley
Physical Therapy & Sports Rehab., P.C. my consent to inform my case worker/manager
and their employer of my physical therapy progress. This includes phone conversations,
faxes, progress reports, and doctor's prescriptions.

Signature

Date

*1670 Empire Blvd.
Suite 400
Webster, NY 14580
TEL:(585) 671-0850
FAX:(585) 671-5242*

*401 Penbrooke Dr.
Bldg. 2 , Suite A
Penfield, NY 14526
TEL:(585) 377-9626
FAX:(585) 377-7513*

*2300 Buffalo Road
Bldg. 100
Rochester, NY 14624
TEL:(585) 247-0080
FAX:(585) 426-7952*