

Release for Electronic Invoice

I, _____ (Print), hereby authorize "Springboard Pediatric Therapy" to send me an electronic invoice via e-mail using the following information.

Email invoices may contain patient or clinic information such as, but not limited to, patient name and address, therapist and clinic location, date of appointment, rate and total amount due.

Patient / Guardian Contact Information:
(Please print clearly and legibly)

E-mail: _____

Patient / Guardian (Print): _____

Signature: _____

Date: _____

Note to Office Managers:

Confirm that the E-mail provided above match the information in the patient information screen.

