

Provident Physical Therapy & Rehab

Dear Patient,

To ensure the highest level of infection control. We are requiring each patient to purchase their own set of electrical stimulation pads.

The cost for a set is \$5.00 and they will be stored here at our office in an individually sealed bag and labeled with your name.

Thank you for your cooperation.

Sincerely,

Steven C. DeSousa, PT, DPT, MA, OCS and Staff

Patient Name: _____

Patient Signature: _____

(FOR OFFICE USE ONLY)

Date: ____/____/____

Patient Name: _____

Paid (please check) _____

Office: (please check) EN ____ SH ____ MH ____ WK ____