



Developmental Therapy Associates
& Absolute Speech and Language Therapy

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Phone: 919-465-3966
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186 Wind Chime Ct. Suite 104
Raleigh, NC 27615
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CONSENT FOR TREATMENT

Date form completed:

Child's date of birth:

Child's name:

I, (Client's name or parent/legal guardian)

give my consent for Developmental Therapy Associates, Inc. (DTA) to provide the services indicated below:

Consultation
Evaluation
Treatment

Client/Parent/Legal Guardian Signature

Today's Date:

Legal Authority to Sign for This Client:

Client is: