Pamela Rowe, M.A., CCC-SLP, LLC
Pediatric and Adult Speech-Language Therapy
1200 West State Road 434, Suite 124, Longwood, FL 32750
115 E. 4th Ave, Suite 202B, Mount Dora, FL 32757
5324 Windridge Lane, Orlando, FL 32810
407.271.4911 Office 407.264.8344 Fax *www.speechorlando.com*

Patient Information

Patient_____ DOB_____ Age____

Parents_____

Address_____

Phone_____

School_____ Phone_____

Insurance_____ Member ID_____

Insurance Phone Number_____

Doctor_____ Phone_____

Reason for Evaluation_____

Authorization

I authorize Pamela Rowe, MA, CCC-SLP, LLC to evaluate and treat my child, _____. I understand that I will be responsible for payment at the time of service. **CANCELLATIONS MUST BE CONFIRMED WITH YOUR CLINICIAN 24 HOURS IN ADVANCE.** I authorize communication between Pamela Rowe, MA, CCC-SLP, LLC and my insurance company for coordination of payment. I authorize verbal and written communication between Pamela Rowe, MA, CCC-SLP, LLC and my child's doctor for coordination of care. I authorize verbal and written communication between Pamela Rowe, MA, CCC-SLP, LLC and my child's school for coordination of care and scheduling of visits.

_____ _____

Printed Name of Parent Parent's Signature

_____

Date