

WebPT Digital Signature Form

I, (print name) _____, hereby authorize the use of the signature below as my legal digital signature for physical therapy documents I create on WebPT.com.

First Name: _____

Middle Initial: _____

Last Name: _____

State License Number: _____

NPI Number: _____

Email: _____

Clinic Name: _____

Clinic City, State: _____

User Type (circle one): Therapist Therapist Assistant Student

New Signature

Replacement Signature

Please sign inside the box below without touching the lines.

Please return this completed form to WebPT either via fax (866-225-0057) or email (info@webpt.com).