



Reliant Prosthetics

5481 Blair Rd, Suite 100 Tel: (972) 470-0300
Dallas, TX 75231-4101 Fax: (972) 470-0301

Date: ___/___/___

I, _____, hereby attest that the signature below accurately reflects my handwriting. I give RELIANT PROSTHETICS permission to keep this signature on file for future reference and verification.

Printed Name

Signature of Provider

Provider Initials

National Provider Identifier