CAVU HealthCare Systems, LLC

A Synergistic Solution

Signature for MedSoft program

Certain forms and reports in MedSoft require the signature of the treating therapist. This form is used to capture that signature and stamp it electronically where needed. Please complete the below section using black ink if possible.

Practice Name: _____

Print Therapist Name: _____

Signature Box: (Please sign within the box)