

PEGGY L. FERGUSON, PH.D.
TOWN CENTER, 116 W. 7TH, SUITE 211
STILLWATER, OK 74074
405-707-9600

RELEASES

I authorize my insurance company (shown below) to make payment to:

____ Insured name and address
OR

____ Peggy L. Ferguson, Ph.D., LADC, LMFT

116 W. 7th, Suite 211
Stillwater, OK 74074
Fax: 405-707-9601

Client

Parent/guardian

Date Signed

Witness