



Appointment Policy Form

- ~ Out of respect for the time the clinic carves out for you, please be aware that cancellations occurring within 24 hours of appointments may result in a missed fee of \$55.
- ~ For repeat cancellations, missed visits, and/or reschedulings the clinic reserves the right to terminate any future treatments.
- ~ Because the clinic reserves at least one hour for each patient, if lateness is 20 minutes or more, it is considered a missed visit.

Thank you for your cooperation in helping us provide the best care possible to you.

Print Name _____

Patient or Legal Guardian Signature: _____ **Date:** _____