

To All Patients:

I ask for a 24-hour notice in the event of a cancellation. However, in order to provide fairness to all patients, I require a minimum of 6-hour notice for all cancellations. If a 6-hour notice is not given, or if there is a missed appointment without notice, I reserve the right to charge for half the cost of a regular visit. I thank you for your understanding.

I, _____, have read the above statement and agree to the terms.

Signature _____

Date _____

Please check one:

Yes, I would like a reminder call the day before my appointment (Monday appointments will receive a call the Friday or Saturday before appointment.)

Please contact me at this number _____

No, I do not want a reminder call.