



## Cancellation Policy

In order to serve our patients better we have instituted a cancellation policy. We require a 24 hour notice for all cancellations. As a courtesy reminder calls are made 1 day before your appointment to allow for you contact us in the event you need to cancel or reschedule your appointment. We ask that you provide us with the same courtesy. If an appointment is missed, cancelled, or rescheduled without 24 hour notice there will be a \$25.00 charged billed to the patient.

I am acknowledging that I have been notified of the cancellation policy.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_