

Office Cancellation Policy

Your treatment time is reserved *especially for you*. This means that if you are late you may not be able to receive treatment. If you do not come for your scheduled appointment, you will be billed for it.

Please call to cancel or reschedule your appointment with at least 24 hours notice.

Missed appointments without 24-hour notice are subject to the full treatment fee of \$125.00/\$75.00.

Emergencies are accepted and understood. Emergencies do NOT include: forgetting the appointment, choosing to do something else/be somewhere else other than your appointment, traffic congestion, and other avoidable circumstances.

I respect and value your time. I make every effort to get you in and out of the office in a timely fashion.

I understand the cancellation policy and agree to pay the missed appointment fee if I do not call to reschedule with 24 hours notice.

-----*Date*-----
Patient or Guardian Signature