



**Appointment Cancellation Policy:**

If you are unable to keep an appointment, as a courtesy to our staff and other patients, please give us **24 hours notice**.

We reserve the right to apply a **\$25 charge** toward your account for each cancellation received less than 24 hours in advanced, “Late Cancellation Fee”.

We also reserve the right to apply a **\$50 charge** towards your account for each appointment missed when we did not receive prior notice (No Call, No Show).

The patient will be responsible for payment regardless of future appointment schedule.

Patient’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appointment Reminder Preference**

As a courtesy, you may receive appointment reminders via text.

Cell Phone # \_\_\_\_\_

Patient’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_