



**Missed appointments and cancellation Policy:**

In order to provide the best services to our patients, we require at least a **24 hour notice for re-scheduling your appointments**. We set aside specific time for each patient. In the event that you call after hours please leave a detailed message. We understand that unforeseen circumstances may arise, which may result in needing to re-schedule your appointment, this is why we do give a **one-time courtesy**. However we reserve the right to bill after the one time courtesy. A fee of **\$45.00** will be billed for such instances. We appreciate your understanding in our wanting to provide each patient with the best care as well as the respect for your time and ours.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_