

## APPOINTMENT CANCELLATION POLICY

We value you as a patient and acknowledge the time required to provide you with personalized care. We schedule our team exclusively for your needs and appointed time.

We ask you **to notify our office for any schedule changes at least 48 hours prior to your scheduled appointment.** If you have not been contacted by our office in response, we have not received your message.

If you are not able to keep or reschedule your appointment by the 48-hour limit, you will be subject to a **\$175.00 fee.**

We understand unforeseen circumstances may occur and consider each case to make reasonable accommodations.

\_\_\_\_\_ **Cancelled appointment**

Initial If I need to cancel an appointment, I agree to notify the office at least 48 hours before my scheduled visit or be subject to the stated fee.

\_\_\_\_\_ **Late appointment**

Initial If I arrive after my scheduled appointment time, I understand that my planned treatment for that visit may need to be reduced. If I choose to cancel or reschedule my appointment instead, I will be subject to the stated fee.

\_\_\_\_\_ **Missed appointment**

Initial If I miss a scheduled appointment, I will be subject to the stated fee.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Patient / Responsible party

\_\_\_\_\_  
Print name