



## **APPOINTMENT CANCELLATION POLICY**

We understand that circumstances arise which may prevent you from keeping your appointment. If that happens and you find it impossible to keep an appointment, we respectfully request that you contact the office 24 hours in advance so that we can offer your appointment to another patient. Thank you for your cooperation and understanding.

Our cancellation policy is as follows:

- 1st Less Than 24-Hour Cancellation or No Show is complimentary
- 2nd Less Than 24-Hour Cancellation is \$35 or No Show is \$50
- 3rd Less Than 24-Hour Cancellation or No Show is grounds for dismissal

I have read and understand the above appointment cancellation policy and agree to its terms.

\_\_\_\_\_  
Patient Signature (parent or guardian if a minor)

\_\_\_\_\_  
Date