



Cancellation/No Show Policies:

A 24-hour notice is required if you are unable to keep a scheduled appointment. Missed appointments will incur a \$25.00 fee. This fee must be paid prior to scheduling another appointment. Failure to appear for scheduled appointments will result in discharge from the clinic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_