

Cancellation/Rescheduling Policy

(Please read carefully, sign and date at the bottom)

I, _____, acknowledge that I must give a minimum of 48 hours notice (this does not include weekends or statutory holidays) in the event I need to change my scheduled appointment, so that other patients in need may receive treatment in my place.

I understand that any missed appointments without notice (ie. forgetting, smartphone reminder didn't go off, etc.) will be issued a full charge for the treatment time scheduled.

I understand that appointments cancelled with less than 48 hours notice will be charged for the full treatment time scheduled, with the exception of emergencies, severe illness or unavoidable circumstance.

I understand that the practitioner is self-employed and last minute cancellations without proper notice affects their value of time at the office. I understand that this allotted time has been designated for me and cannot be easily transferred to another patient with insufficient notice.

We appreciate your understanding and mutual respect, and we look forward to seeing you at your next appointment!

Print Name : _____

Signature : _____

Date : _____

"We live in a society where mutual respect and appreciation should be considered one of the pillars of modern life." - Auliq Ice