



## Missed Appointment and Cancellation Policy

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Effective 07/13/22

If you must cancel or reschedule your appointment, please let us know 2 days in advance so that another patient can use your spot. A cancellation fee of \$50 will be charged to your account if you do not provide us with at least 24-hour notice for all missed appointments.

Thank you for your understanding.

Patient Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Patient, Parent or Guardian Signature

\_\_\_\_\_  
Date