

CANCELLATIONS

Cancellation or Rescheduling Policy

If you find that you must change your appointment, we require a minimum of 48hours' notice so that we may make every effort to accommodate other patients. If proper notice is not received, a fee of \$50 will be added for every appointment cancelled.

Late Arrival Policy

Your appointment was scheduled to allow for enough time to provide the best service for you. Patients who arrive for their appointments more than **15** minutes late may have to be rescheduled. If you need to be rescheduled, you may be charged a fee of \$50.

Patient Name: _____

Guardian Name: _____

Patient or Guardian Signature: _____

Date: _____