



No- Show Policy

In order to provide the best care and service to our patients, we ask that you notify us 24 hours in advance to cancel and/or reschedule your appointment.

Please be aware that failure to do so could result in a missed appointment fee of \$25.00. After 3 missed appointments (failure to show or call), you may be discharged from care as a direct result of being "noncompliant to treatment."

Signature of Patient (Guardian)

Date



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