



## 24 HOUR CANCELLATION POLICY

This form is to advise you of our office's 24 hour cancellation policy. Due to the overwhelming demand and limited appointment slots, we are unable to hold an appointment time for you if you are not able to keep it. Giving us notice of 24 hours or more allows us to fill the appointment time slot from the waiting list of others needing an appointment.

If you need to cancel your scheduled appointment, please notify us as soon as possible, at the very latest 24 hours prior to your scheduled appointment. If you cancel an appointment with less than 24 hours notice, you will be charged the full fee for the appointment you were scheduled for. (If you are scheduled for a service from a package previously purchased, you will lose that visit.)

By signing below, you acknowledge the above and fully understand the cancellation policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Credit Card # \_\_\_\_\_ Exp date \_\_\_\_\_ CID \_\_\_\_\_

Zip Code \_\_\_\_\_