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**Cancellation / No Show Policy**

I understand that unplanned issues can come up and you may need to cancel an appointment. If that happens, I respectfully require scheduled appointments to be cancelled with the following advance notice:

Massage therapy / cupping appointment 24 hours in advance

Fasciablasting 72 hours in advance

Nutrition Consults 48 hours in advance

I want to be available for your needs and the needs of all of my clients. When a client does not show up for a scheduled appointment, another client loses an opportunity to be seen and I lose the opportunity to earn income. We have a policy of charging for no-show appointments, and those appointments not cancelled within the above-mentioned timeframe. there will be a fee of full appointment cost assessed if I do not receive a call to cancel an appointment.

Thank you for being a loved and valued client, and for your understanding and cooperation. This policy will enable me to open otherwise unused appointments to better serve the needs of everyone.

NAME HOME PHONE#

ADDRESS

CITY, STATE, ZIP CODE

EMAIL CELL PHONE#

Signature date