Appointment Notification Policy

Lundgren Chiropractic - 603-432-1800

50 Nashua Road, Suite 101, Londonderry, NH 03053

**Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Our Appointment Policy**

Our practice strives to provide excellent service to our patients. We are committed to assuring easy access to patients and minimum wait times for scheduled appointments. This document is intended to inform you of how we work with patients when scheduling challenges arise.

While we understand that life happens and that occasionally changing plans may require you to cancel or reschedule your appointment, we kindly ask that you provide our office with ***a 24-hour notice***.

We also ask you to notify us if you are going to be running late for an appointment. We will do everything we can to keep your appointment. We promise to extend you the same courtesies.

If our office needs to reschedule your appointment, we will advise you as soon as possible. Unfortunately, there are times when weather emergencies, provider illness or another significant medical event may prevent us from providing a 24-hour notice. Our sincere hope and intention is that we never inconvenience you, but if that happens, we apologize and appreciate your understanding.

Finally, we hope you understand that there are patients who occasionally need extra care and attention during a visit, which may cause Dr. Dave to run late, if this happens, we will do our best to advise you at check-in and keep you informed as to your wait time. Please rest assured that you will have the necessary time during your appointment.

Thank you for choosing Lundgren Chiropractic to provide for your chiropractic needs.

I have read and understand the Appointment Notification Policy.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_