

Appointment Cancellation Policy

In order to best serve our patients, the following policy is necessary:

There will be a \$75 charge if you fail to cancel your scheduled appointment in advance. Your credit card or you will be billed \$75 on the day of your visit if you fail to cancel your appointment prior to the scheduled time.

Payment in full is necessary prior to any treatment being rendered. The payment is non-refundable and non-transferable. In the event you are unable to complete a pre-paid treatment regimen, you could finish the treatment at a later date (up to one year from your last appointment).

By signing below I agree that I was informed of this office policy.

X _____
(signature)

(Print Patient Name)

Date ____/____/____