(704) 605-2602

Cancellation Policy

I,	(Print	Name),	understand	that	my
appointment reserves a time	for me a	nd that the	ere is no over	bookin	g in
order to make up for last mi	nute canc	ellations of	or no-shows.	There	fore
it is necessary to request a operational days.	24 hour	cancellat	ion notice du	ring cl	linic
Cancellations made in less Weekends and holiday can hours.				_	
Monday appointments nee hour fee.	ed to be	canceled	by Friday to) avoid	l 24
No Shows will be charged \$	670.				
Signature			D	ate	