●  Holistic Physical Therapy and Wellness requires a **24-hour cancellation** and rescheduling notice.

● **You will be charged for the full cost of the service for a no show or late cancellation 3 hours prior to your scheduled appointment.**

●  I understand that circumstances can arise that do not allow for 24 hours of notice, however, please always give Liz Montagna a call at your earliest convenience so that others may fill your appointment spot.

Thank you for your cooperation in advance!

**By signing below, I agree that** ​**I have read and understand the appointment cancellation policy, and I agree to comply and accept responsibility to the terms outlined above.**

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

Signature​\*​: ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ Date​\*​: ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone & Email Communication Approval

**In the instance that I am unable to answer my phone, I give Holistic Physical Therapy & Wellness permission to leave a detailed message by text, phone or email in regard to any medical or billing information pertaining to myself.**

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

Signature​\*​: ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ Date​\*​: ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the form of communication that you prefer

\_\_\_\_\_\_\_\_\_ Primary Phone​\*​: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ​(Circle) Home / Cell / Work ​\_\_\_\_\_\_ Secondary Phone​\*​: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ​Home / Cell / Work

\_\_\_\_\_\_\_\_\_ Email Address​\*​: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_