



**CANCELLATION  
NO-SHOW POLICY**

**Please be advised that you will be assessed a \$25.00 charge following a “No Show” or Cancellation of less than a 24 hour notice.**

**This charge is due at your next visit.**

**We reserve the right to discharge you from our care after 3 “No Shows” or cancellations.**

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**Patient Signature**

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**Date**