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## CANCELLATION POLICY

Dear Patient:

Cancellation without sufficient warning and "no-shows" play havoc with our office scheduling. Therefore, we ask that you give us a full business day's notice (24 hours) if you must cancel an appointment. This is equally important for IV therapy, shots, and any scheduled lab testing. Many tests and procedures require extensive advance preparation, which is wasted if you miss your appointment. In the event we do not receive 24 hour notice, you will be charged one half of the normal fee the first time, and the full amount any time thereafter.

Initiating this policy allows us sufficient time to schedule another appointment and to keep the office running smoothly and efficiently.

We fully understand that life situations do arise and make it difficult or impossible for an appointment to be kept. However, in fairness to other patients who may be kept waiting for many days in order to obtain appointments, we must adopt and enforce this policy.

Whenever our time permits, we will make a call to confirm/remind you of your visit, but even if we are unable to make contact with you, you are ultimately responsible for keeping your appointment or canceling in a timely fashion.

We thank you for your cooperation.

The Doctors' Center for Health & Healing

Please sign below to indicate that you have read and understand our cancellation policy.

\_\_\_\_\_  
Patient Name (Print)

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date