



## **Cancellation Notice Agreement**

Please be advised, that our office requires a 24 hour advance notice for all cancelled or rescheduled routine appointments. However, all diagnostic testing requires a 48 hour notice to cancel or reschedule your appointment.

Without the proper notice, you will be charged a \$25.00 fee for No Show appointments and \$125.00 fee for diagnostic testing.

By signing below, I agree that I am financially responsible for any charges incurred for missed appointments that were not cancelled within the required time. Any emergencies with verification and proof will receive credit.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Relationship, if not patient

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date