



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