

**OFFICE POLICY FOR NO SHOW/LATE CANCEL
AND OUTSTANDING BALANCE DUE.**

**We are very committed to serving our clients and
strive to accommodate all our clients by making
appointments available as soon as possible.**

**When an appointment is reserved for you, we require that the appointment be
cancelled by 1:00 pm the day prior to your appointment if you need to cancel
your appointment. We understand that emergencies happen, and we will be
happy to work with you in those situations.**

If you have any questions, please feel free to speak with us.

**I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR A MISSED
APPOINTMENT FEE OF \$50.00 AND THAT, IF I CHOOSE TO FILL OUT THE
INFORMATION BELOW, I AM GIVING PERMISSION FOR MY CREDIT CARD
TO BE CHARGED \$50.00 FOR AN UNCANCELLED MISSED APPOINTMENT.**

NAME AS APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____ CVS # _____

EXPIRATION DATE: _____

SIGNATURE: _____