## **CANCELLATION OR RESCHEDULING POLICY**

If you find that you must change your appointment, we require a minimum of 24 hours' notice so that we may make every effort to accommodate other patients.

If proper notice is not received, a fee of \$25 may be charged for every appointment cancelled.

## LATE ARRIVAL POLICY

Your appointment was scheduled to allow for enough time to provide the best service for you. Patients who arrive for their appointments more than 15 minutes late may have to be rescheduled.

Signature of patient/guardiar	l	Date:
-------------------------------	---	-------