Cancellation Policy

| If you are unable to attend an appointment, I request you provide |
|---|
| at least 72 hours advanced notice to my office. Since I am unable |
| to use this time for another client, please note that you will be |
| charged for the entire cost of your scheduled appointment. |

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|---|---------------|-------------|---------------|
| I appreciate your help timely and efficiently. | in keeping my | office sche | edule running |
| | | | |
| Client Signature | | _ | Date |
| (Cl: + / - D + / C | ! !£ 1 O | ` | |

(Client's Parent/Guardian if under 18)