

In order to aid in your recovery, you will be receiving appointment reminders from our clinic.

Patient Name: \_\_\_\_\_

How would you like to receive these appointment reminders?

Email: \_\_\_\_\_

Or

Text-Phone #: \_\_\_\_\_

Or

Phone Call #: \_\_\_\_\_

Or

I will not need reminders

**Cancellation & No-Show Policy**

We respect your time and the commitment you make to us, and we ask that you do the same in return. We are a busy clinic that often has people on a cancellation list; we have established a no-show policy as follows:

**The first no-show is forgiven, we will call you to make sure all is well and schedule you for another appointment, should you choose to continue with treatment.**

\_\_\_\_\_  
initial

**The second no-show will result in all future appointments being cancelled. This is to allow other patients to be seen during that particular time slot.**

\_\_\_\_\_  
initial

**We understand that life happens, and cancellations are sometimes necessary. Being a healthcare clinic, we ask that you refrain from coming in for appointments if you are experiencing flu-like symptoms, to avoid spreading the illness. However, if cancelling appointments becomes an issue, we will address this case-by-case.**

\_\_\_\_\_  
initial

\_\_\_\_\_  
I have read and understand the cancellation and no-show policy

\_\_\_\_\_  
Date