



No Show/Cancellation Policy

Cancellations or rescheduling an appointment must be done within 24 hours in advance by phone or email, or you will be billed a \$25.00 missed visit fee.

Your signature below indicates you have read and agree to these terms.

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Parent, Guardian or Representative: \_\_\_\_\_

Date: \_\_\_\_\_

*Diet by Andrea 3/09*