

Our staff here is dedicated to offering you the best treatment available and setting aside the proper amount of time to offer you this service. We ask that when you are scheduled for your appointment that you be considerate of this time and keep your appointment. We understand that circumstances arise to prevent the commitment, but please be considerate and give us 24 hr. advance notice so we can serve others who are on a waiting list. We reserve the right to charge a \$25.00 service fee if appointments are cancelled or broken without 24 hr. notice. I consent to this form and understand the need for my cooperation in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

HIPPA Notice of Privacy Practices has been made available to this patient and/or guardian.

Sign: \_\_\_\_\_

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