



Cancellation Policy

Please sign and date this form and bring it to your first session.

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost of your missed appointment.

A full fee is charged for missed appointments or no show cancellations with less than a 24 hour notice unless due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for or cancel an appointment.

Thank you for your consideration regarding this important matter.

I agree to the above cancellation policy and understand its meaning and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Date of signature: ____ / ____ / ____