



## CANCELLATION / NO SHOW / LATE - POLICY

To our patients,

We very much value our service relationship with our patients and have found that a clear understanding of our cancellation, no-show and late policies is essential. The purpose of this is to maintain a level of appointment scheduling reliability for our office while offering maximum scheduling options for our patients. We also ask that you arrive **ON TIME** for your appointment so we can offer you the high level of care we are known for.

This agreement has been prepared with these goals in mind. Please review this document carefully and ask any questions you may have before initialing and signing.

Please initial:

\_\_\_\_\_ We ask for a **24 hour notice** for any appointment cancellation. If you call to cancel your appointment with less than 24 hours notice, you will be subject to a \$40 fee.

\_\_\_\_\_ NO SHOW appointments will be charged a \$40 fee.

\_\_\_\_\_ ProSport reserves the right to cancel your appointment if you are 15 or more minutes late.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of guardian if under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness

\_\_\_\_\_  
Date

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