

## 24-HOUR CANCELLATION POLICY

Thank you for choosing our clinic for your healthcare needs. To ensure that we can best serve all of our patients, we have established the following cancellation policy:

If you need to cancel or reschedule your appointment, we kindly ask that you notify us at least **24 hours in advance**. This allows us to offer your appointment slot to another patient in need.

Cancellations made less than 24 hours before your scheduled appointment time, or failure to show up for the appointment, will result in a **\$30 cancellation fee**. We appreciate your understanding and cooperation.

By signing below, I acknowledge that I have read, understand, and agree to abide by the 24-hour cancellation policy stated above.

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

Patient Signature: \_\_\_\_\_

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