



604 Corporate Dr W
Langhorne, PA 19047
(215) 490-0000

No-Show / Cancellation Policy

Please Read Carefully

I realize that emergencies and other scheduling conflicts arise and are sometimes unavoidable. However, advance notification allows me to fulfill other patient's scheduling needs. Due to my one-on-one 60-minute treatments, missed appointments are a significant inconvenience and does not allow other patients access to those appointment times.

Please provide me with 48-hour notice to change or cancel an appointment. Patients who do not attend a scheduled appointment or do not provide 48-hour notice to change a scheduled appointment are responsible for the full office visit charge.

I reserve your one-hour appointment time just for you. I do not double-book patients so that I may provide optimum treatment outcomes for all my patients. A 48-hour notice allows me the opportunity to place another patient in your cancelled appointment period to received needed treatment.

*Thank you for providing me and my other patients with this courtesy.
Signing below indicates you understand and agree to the terms of this policy.*

_____/_____
Signature of Patient / Date

_____/_____
Signature of Responsible Party (if applicable) / Date