



## **Cancellation Policy**

We require 24hour notice for cancellation of your scheduled services in order to avoid a late cancellation fee. Patients cancelling with less than 24 hours of your scheduled appointment will be subject to a **\$50 late cancellation fee**.

If you have booked your appointment with less than 24 hours between your booking time and scheduled appointment you are required to cancel 3 hours before your service start time to avoid the late cancellation fee.

Appointments booked with less than 3 hours of time between when the appointment was made, and when the appointment was scheduled to take place are not subject to this policy. While there is no fee applied for these cancellations, you may be required to leave a credit card on file in order to book future appointments if this happens more than once.

## **Late Arrivals**

If you think you may be late for your appointment, please call the clinic and let us know. We will call any late patients 10 minutes into their scheduled start time. The missed time from your scheduled appointment will not be made up.

## **No Shows**

If you do not show up for your scheduled appointments, without contacting the office to cancel, you will be subject to pay a **\$50 no show fee**. You will be also be required to have a credit card on file to secure any future bookings. Patients who no-show on more than one occasion will be required to make a \$50 deposit before any appointments are booked.

No show on a pre-paid package appointment will result in forfeiture of that treatment.

Cancelling an Active FX treatment within 5 days of the scheduled appointment will result in loss of deposit.

\*\*In the event that you have a special circumstance regarding your missed appointment, please contact our office. We understand that there may be issues beyond your control and we want to be understanding to special circumstances.\*\*

I have read and fully understand the Patient Cancellation and No-Show Policies

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*Patient's Name (PRINTED)*

*Translator Name (PRINTED -if applicable)*

*Date*

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*Patient's Signature*

*Translator Signature (if applicable)*

*Date*