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Cancellation Policy
No Show Policy

We understand that there are times when you must miss an appointment due to emergencies or obligations for family or work. However, when you do not call to cancel an appointment, you may be preventing another patient from receiving much needed treatment.

Conversely, the situation may arise where another patient fails to cancel, and we are unable to schedule you for a visit, due to a seemingly "full" appointment book.

Cancellation/No Show: If you need to cancel an appointment, please do so at least **24 hours in advance**. Otherwise, you will be billed for the missed appointment at \$30.00.

Date:

Printed Name of Patient/Responsible Party:

Signature of Patient/Responsible Party:

Witness Signature:

Patient please check one of the below items:

_____ Patient received a copy of this Cancellation/No Show Policy

_____ Patient does not want a copy of this Cancellation/No Show Policy

Effective: 01/02/2019
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