APPOINTMENT CANCELLATION POLICY ACKNOWLEDGMENT FORM

CANCELLATION POLICY

We value your time and the time of other patients. To ensure that all patients have access to timely care, we have implemented the following cancellation policy:

24-HOUR NOTICE REQUIREMENT

All appointment cancellations or rescheduling requests must be made at least 24 hours in advance of your scheduled appointment time.

POLICY DETAILS

Late Cancellations:
Cancellations made with less than 24 hours may result in a cancellation fee of $90 and/or affect your ability to schedule future appointments.

No-Show Appointments:
Failure to attend a scheduled appointment without prior notice will be considered a "no-show" and may result in a fee of $90 being charged to your account.

How to Cancel:
To cancel or reschedule your appointment, please contact our office by phone at 647-346-2780. Cancellations must be confirmed by our staff.

Emergency Situations:
We understand that emergencies occur. If you have a legitimate emergency that prevents you from providing 24-hour notice, please contact our office as soon as possible to discuss your situation.

Why This Policy Matters:
When appointments are cancelled with proper notice, we can offer that time slot to other patients who need care. Last-minute cancellations and no-shows prevent other patients from receiving timely treatment.

PATIENT ACKNOWLEDGMENT

I have read and understand the appointment cancellation policy outlined above. I agree to provide at least 24 hours if I need to cancel or reschedule my appointment. I understand that failure to comply with this policy may result in fees and/or scheduling restrictions.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Parent/Guardian Signature (if patient is a minor):

Guardian Name_____

Date: _____

Office Use Only:

Form Received By: _____

Date Received: _____