



Acu-Care
MOBILE ACUPUNCTURE SERVICES

CANCELLATION POLICY

I strive to give each one of my patients the very best service possible. I value your patronage and look forward to a long and rewarding relationship.

It is in this spirit that I would like to inform you of the policy concerning missed appointments.

To discourage no-shows and same day cancellations, I must require that **24 hour** notice be given to cancel or reschedule appointments. **If 24 hour notice is not given, there will be a fee of \$75.00.** If there is a true emergency, of course that will be taken into consideration.

I regret the need for this policy and sincerely hope you will not be affected by it.

Patient Signature: _____ Date: _____

CELL PHONE POLICY

To create and maintain a relaxing atmosphere for your treatment, I ask that **your cell phone be switched to silent mode or turned off completely before your session begins.**

The only exception is in case of a true emergency such as having a sick child, a family member in the hospital, etc.

I appreciate you understanding the need for this policy, and for your cooperation.

Patient Signature: _____ Date: _____