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Failure To Keep Appointment ("No Show") Policy

Our office policy is to do all we can to help our valued patients keep their appointments.

We require 24 hour notice for appointment cancellation or rescheduling. "No Shows" result in time lost for our office and patients requiring treatment.

There is a \$40.00 charge for "No Show" appointments. This will be patient's responsibility and will not be billed or covered by the insurance.

Frequent failure to keep scheduled appointments confirms to us that the patient/office relationship is not working. Patients who chronically fail to keep their appointments will be referred to another practitioner.

Exceptions to the above policy include legitimate emergencies.

I, _____, have read and understood the "No Show" policy and agree to abide by its terms.

Patient Signature