

ATTN: EFFECTIVE IMMEDIATELY!!

1. There will be a \$25.00 no-show fee if you do not give a 24 hour notice prior to cancellation.
2. Any insurance forms, disability forms, or Otherwise will be \$20.00 and must be paid before prior to completion.
3. All Family Medical Leave Act (FMLA) forms will be \$10.00 and must be paid prior to completion.
4. Please allow 5-7 business days for all forms to be completed.

PATIENT'S NAME (please print)

PATIENT'S SIGNATURE

CHART # _____