

PLEASE COMPLETE ALL ATTACHED FORMS

FAILURE TO COMPLETE THESE FORMS

OR

FAILURE TO BRING ALL X-RAYS, MRI, CT,

AND OTHER RELATED SCANS

MAY RESULT IN YOUR APPOINTMENT

BEING DELAYED OR RESCHEDULED ADDITIONALLY, ALL

REQUIRED CO-PAYS WILL BE EXPECTED TO BE PAID AT THE TIME

THE SERVICE IS RENDERED.

Thank you for your assistance

MISSED APPOINTMENT POLICY

Our time together is important. We request that you cancel your appointment 24 hours in advance, or pay the missed appointment fee in full. The policy requires a payment of \$50 for all appointments that are missed.

Signature

Date