



TOLL FREE: 877-231-3376

www.AquaMedicalSpa.com

**NO SHOW POLICY**

Patient Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

**FOR ALL PATIENTS:**

In order to deliver quality care in a timely manner, we ask that you please provide a 24-hour notice for all cancellations.

A \$25 to \$50 "no show" fee (depending on the type of your appointment) will be charged to your account if a 24-hour notice is not provided.

We understand that situations may arise that prevent you from making your appointment, but repeated occurrences may be cause for dismissal from our care.

In signing this form you are acknowledging that you have read and understand this policy. If you have questions regarding this, please contact our office. Thank you.

\_\_\_\_\_  
Patient/Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Parent/Guardian Name Printed