It is our goal to provide you with the best possible care and treatment. We can only achieve this goal with your **consistent, regular participation in therapy**. We request that you keep your appointments unless absolutely necessary, for optimal benefit from therapy.

Cancellations and no-shows also result in loss of time in which a therapist could have been seeing other patients who also are in need of care.

The conditions of our cancellation practice are listed below:

- No-shows or multiple cancellations (2 or more) may result in discontinuation of your therapy. After discontinuation, your name may be placed on a waiting list, which may delay your continued service.

- If you must cancel your appointment, please notify us at the number above **at least 24 hours prior to the appointment**.

- We understand that illness, family emergencies, and other serious situations may occur. Please discuss these matters with your therapist **as soon as they occur** to avoid the cancellation of your therapy. If extended absence from therapy is necessary, your therapy may be temporarily postponed until you are able to resume on a consistent basis.

We sincerely look forward to working with you and appreciate your cooperation in helping us provide you with excellent physical, occupational and speech therapy services.

*I have reviewed and understand the above information regarding cancellations and no-shows.*

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**Patient / Caregiver Signature**

**Date / Time**
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