**Scheduling Compliance Agreement**

Dear Valued Patient,

At *Doctor of Women’s Health Physical and Occupational Therapy*, we strive to assist you in achieving your goal of living your life to your healthiest potential. To achieve this goal successfully as a team, it is very important that you keep and are on time to your scheduled appointments.

If you are *unable* to keep a scheduled appointment, please give us a MINIMUM of 24 hours, notice. Cancelling last minute or no showing to an appointment will result in a $25 cancellation fee. We understand, however, that life happens and there may be certain circumstances that are not within your control.

We appreciate your consideration of our time, your time and the many patients who are waiting to be scheduled.

In Health,

The Team at Doctor of Women’s Health

Please sign to indicate that you understand and agree to comply with the above scheduling policy.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_