

I _____,
understand that it is the office policy of
Helton Chiropractic that all appointments
require at least a 3 hour notice of any
cancellation. I also, understand that if I do
not show up for an appointment or do not
allow 3 hours advanced notice of a
cancellation I will be charged a \$40 fee. I
understand that I will have to pay this fee
before I will be put back on the schedule.

Signed

Date