

***THE CENTER FOR SPINE PAIN***  
**CANCELLATION/MISSED APPOINTMENT POLICY**

*In order to serve you better, please provide us with at least 24-hour notice if you will be unable to attend your appointment. This advance notice allows us to provide other patients awaiting an appointment the opportunity to receive care.*

**If you miss an appointment without providing at least 24-hours notice you will be responsible for the following charges:**

- **\$35.00 – no show 30 minute massage therapy session.**
- **\$65.00 – no show 60 minute massage therapy session.**
- **\$70.00 – no show acupuncture appointment.**
- **\$60.00 – no show chiropractic appointment.**
- **\$125.00 – no show DRX appointment.**

I, (print your name or name of responsible party here) \_\_\_\_\_  
agree to pay the appropriate cancellation fee if I fail to notify The Center for Spine Pain  
Clinic at least 24 hours in advance of my scheduled appointment.

\_\_\_\_\_  
Signature patient (or Responsible Party if patient is a minor)

\_\_\_\_\_  
Date

