



BROOKLYN OFFICE: 441 3<sup>RD</sup> AVE. BROOKLYN NY 11215  
MANHATTAN OFFICE: 119 W 23<sup>RD</sup> STREET, SUITE 804 NEW YORK NY 10011

*Because I allot 50 minutes to your treatment time as well as additional time for your notes and correspondences, the following policy has been developed:*

*If you are unable to keep your scheduled appointment for any reason, please notify me as soon as possible, at the very latest, 24 hours prior to your appointment.*

*If you cancel an appointment for any reason with less than 24 hours' notice, you will be billed a \$50.00 fee. If you cancel with less than 12 hours until your appointment or fail to appear to your scheduled appointment, you will be charged the cost of the appointment. This policy will be enforced for both new as well as established patients. Emergencies will be waived.*

*Your cooperation in giving this timely cancellation notice would greatly benefit other patients and is very much appreciated.*

***I have read and understand the terms of this 24 hour cancellation policy.***

\_\_\_\_\_  
*Signature (parent/legal guardian)*

\_\_\_\_\_  
*Printed name*

\_\_\_\_\_  
*Date*