

Long Appointments

In order to provide you with the highest quality care and personal attention, our staff and facility are devoted exclusively to you during your appointments.

We have reserved _____ hours for your visit on _____. In order to set aside this time specifically for you, we request a nonrefundable reservation fee. This fee will be held until the day of your appointment.

I authorize a nonrefundable reservation fee of \$_____ to be charged to my:

} Credit Card

} Debit Card

} Bank Account

if I fail to keep my appointment without 48 hours notice.

Account # _____

Exp. Date _____

Signature _____

Date _____