

**Our goal is to provide patients with an excellent therapy experience. We strive to provide the best possible care available. As part of our plan, we have formulated this policy to allow for maximal one on one time with our therapists.**

## **CANCELLATION POLICY**

**A cancellation is defined as patient giving notice to our office that they need to cancel less than 24 hours prior to their appointment time. If you have 2 cancellations you will be taken off the schedule. At that time, you will need to call on the day you wish to be seen and we will accommodate you with an appointment if we have availability. This may be with a different therapist than your primary therapist if that is our only availability. Following 3 treatments scheduled using the previously mentioned method with no cancellations, you will again be able to schedule in advance. No-show appointments count towards this policy.**

## **NO SHOW POLICY**

**A No-show is defined as not appearing for your scheduled appointment or not calling to cancel prior to your scheduled time. If you have 2 No Show appointments, you will be taken off the schedule. At that time, you will need to call on the day you wish to be seen and we will accommodate you with an appointment if we have availability. This may be with a different therapist than your primary therapist if that is our only availability. Following 3 treatments scheduled using the previously mentioned method with no “No-show” appointments, you will again be able to schedule in advance.**

**Patient was offered a copy of this policy on date signed. Drummond Physical Therapy has the right to modify this policy at any time for any reason without notice.**

---

Patient signature

Date