

1530 N 115th St. #302
Seattle, WA 98133
T: 206-355-6781
F: 206-365-0663

13433 NE 20th St. #D
Bellevue, WA 98005
T: 425-451-4301
F: 425-957-1406

15228 Woods Creek Rd. SE
Monroe, WA 98272
T: 206-355-6781
F: 425-957-1406

CANCELATION POLICY

You and your health care are important to us. We reserve a block of time especially for you to address your health care concerns.

Please call if you are unable to keep your scheduled appointment. We ask to give us 24 hours notice if you cannot keep your appointment. There is a charge of \$50.00 for no-shows and late cancellations without the 24 hour advance notice.

We appreciate your cooperation and hope that you understand that when an appointment is missed without notice, it limits our ability to help other people.

I have read all of the above and understood the no-show policy.

Patient's Signature: _____ Date: _____

Patient's Name: _____

Rev: 6/18/2010