

SPINEGUYS
MASSAGE THERAPY
CANCELLATION POLICY

A cancellation of scheduled appointments is required and enforced in our clinic. A patient is required to give **TWENTY-FOUR (24) HOURS NOTICE** to cancel or change an appointment time. Without the 24-hour notice the full cost of the Massage Therapy treatment will be charged to you.

I hereby authorize and grant permission to the Massage Therapist in charge of my treatment and the clinic to employ such policy.

_____ I understand that a **“no show”** appointment will result in the **PATIENT** being charged for the full cost of the booked Massage Therapy treatment, and that these appointments will **NOT** be covered by personal insurance.

DATE: _____ Patient Name (printed): _____

Patient Signature: _____

