



OSTEOPATHIC HEALTHCARE
Elizabeth Caron DO
201 N Pacific Highway
Talent, OR 97540

Cancellation and No-show Policy Form

Cancellation Policy:

We require a **48-business hour** cancellation of appointments. This allows us time to call other patients who may be in need of our services.

The office may **charge you the price of the office visit** if the scheduled appointment is cancelled after the above stated time.

No Show Policy:

If a patient does not show up to an appointment, our office may **charge the price of the office visit** to your account.

This consent was signed by:

(PRINT NAME PLEASE)

Patient/Guardian Signature: _____

Date: _____

Witness: _____ Date: _____