

Patient Information Form

24-Hour Cancellation Policy

Dear Patient:

In order for our office to provide the best possible care to all of our patients, we strongly enforce a **24 HOUR CANCELLATION POLICY**. Any appointments **not** cancelled within 24 hours prior to the scheduled appointment time, will result in a cancellation fee. Patients will be charged in the amount \$50.00 (fifty) for **each** missed or un-cancelled appointment.

All payments are payable to:

Kamaldeep Singh, D.C.,C.S.C.S.

Print Name: _____

Patient Signature: _____

Date: _____