Attention Patients!

When you schedule an appointment and do not show, you are preventing someone else from receiving care.

We understand that factors of health, weather, and unpredictable circumstances may prevent your attendance. Please let us know at your earliest convenience if you are unable to attend your appointment and we may waive the fee.

I, _____, understand and accept this policy and agree I may be charged one of the following 'No Show' or 'Same-Day Cancellation' fees:

Adjustment: $20.00

30 to 60 minute massage: $20.00

90 minute massage: $40.00

120 minute massage: $60.00

You are responsible for making note of the day and time of your appointment. Our text reminder service is a courtesy to our patients and should not be relied upon to keep track of your appointments. Please provide your initials below to indicate your understanding of this request.

Initial here: _____