



Physical Rehab Center

Desire.Sante LLC

Dear patient,

Our clinic offers one-on-one patient treatments in a friendly, familiar environment. In order to maintain this, and make your visit as comfortable and as effective as possible, we ask that please initial, sign and date to agree with these guidelines:

- ___ Be on time for each scheduled appointment.
- ___ If you are more than 15 minutes late, your appointment will automatically be re-scheduled.
- ___ If you need to cancel or re-schedule your appointment, please allow a 24 hour notice in order to fill appointments in a timely manner.
- ___ If you fail to give a **24 hour notice** for a cancellation or you no show for appointments, a **\$25** fee will be applied and will have to be paid on or before your next treatment visit.
- ___ If you cancel or no show for your appointments (2) two consecutive times in a row, you may be discharged from our active patient files and you may, at the discretion of the Administration, have to obtain a new referral from your physician to continue therapy.

By initialing the above and signing and dating below, you are agreeing that you have read and understand these guidelines as they are outlined above. Thank you in advance for your cooperation.

Patient Signature

Date

Witness

Date