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Hogue Chiropractic Center's Appointment Policy

Patient name: _____ Date: _____

The scheduling policy for Hogue Chiropractic Center, PLLC is as follows:

Any appointment that must be cancelled requires a 24 hour notification (emergencies excluded). A lack of proper notification will result in an office visit fee of \$30.00 for the missed visit. This verifies that I have been informed of the scheduling policy at Hogue Chiropractic Center, PLLC.

Patient Signature: _____

Date: _____