7055 C Veterans Blvd., Burr Ridge, IL 60527 Telephone (630)325-4899 ~ Fax (630)325-4811 www.cypressprofessionalgroup.com

NO SHOW, APPOINTMENT CHANGE OR CANCELLATION POLICY

OR CANCELLATION POLICY To All Our Patients and Clients:

Contact Information: Please indicate the Telephone Numbers you would like our office to use to make our reminder calls for appointments or if we have any questions or concerns.
1.
2.
No Show, Appointment Change or Cancellation: We require at least 24-hour notice for appointment changes or cancellations. No shows, Appointment Changes or Cancellations made in less than 24 hours is subject to a FULL CHARGE equivalent to the charge for the appointmen
Thank you for your consideration.
We read and understand above policy.
Name of Patient OR Parent if Minor
Si gnature of Patient or Parent if Minor Date