



CANCELLATION POLICY

Dear Valued Patient,

Potential Physical Therapy is committed to offer service provided to you in your requested time. As a result, it has become necessary to implement a \$45.00 late appointment cancellation fee for any scheduled appointments that are not cancelled within 24 hours, or for NO SHOWS. Your cooperation is greatly appreciated. Thank you.

Potential Physical Therapy

I _____ have read and agree to the above terms and conditions.

Signature _____ Date _____