

## **Cancellation Policy**

**Please know that if you fail to cancel a scheduled appointment, I cannot use this time for another client and I will need to bill you for the entire cost of your missed appointment.**

**A full fee is charged for missed appointments or no-show cancellations with less than 48 hours notice, either by phone or e-mail, unless it is due to sudden illness or a medical emergency.**

**Thank you for your consideration regarding this important matter.**

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**Client Signature**

**Date**