

# **Eastern Shore Chiropractic & Sports Clinic**

22806 US Highway 98 • Fairhope, AL

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## **24 Hour Cancellation Notice & Credit Card Information**

This page **MUST** be completed before a new patient appointment can be made. **It is not optional.** Please read carefully and if you have any questions regarding this policy, please do not hesitate to contact us. Please fax, email, or bring to the office and we will be glad to schedule your new patient appointment!

If you are unable to keep your appointment, we kindly ask that you give 24 hours' notice. Otherwise, we reserve the right to charge a fee of **\$75.00** to the card you have provided to us for the time reserved for your new patient appointment.

By signing this form, I acknowledge and agree to give Eastern Shore Chiropractic & Sports Clinic permission and consent to charge my card if I fail to give 24 hours' notice of cancellation.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

## **Credit Card Information**

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (code on back of card): \_\_\_\_\_

Zip Code: \_\_\_\_\_ Cardholders Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_