



## EVOLUTIONARY HEALING INSTITUTE

6601 SW 80 Street, Suite 200A, South Miami, Florida, 33143

ph: 305.667.8174      www.ehmiami.com

### CANCELLATION POLICY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Dear Patient:

We understand that there are legitimate reasons for having to cancel an appointment. We ask you to show consideration by calling no later than one business day/48 hours prior to your scheduled time, so we have the option of offering that appointment to another patient.

Our business days are Monday, Wednesday, and Friday, excluding holidays.

Please let this letter serve to notify you that if you fail to give one **business days/48 hours'** notice, there will be a charge of \$150.00 cancellation fee.

Thank you for your understanding,

Dr. Paul Canali, DC

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Patient Signature

By signing this document electronically, you agree that your electronic signature is the legal equivalent of your manual/handwritten signature. You consent to be legally bound by the terms and conditions of this document. You also acknowledge that you have the right to request a paper copy of this document and to withdraw your consent to sign electronically at any time.