

24 Hour

Cancellation Policy

Thank you for choosing Full Circle Wellness Center. We appreciate your continued business, referrals and consideration. Please contact us by phone within 24 hours in advance to cancel or reschedule your appointment. This gives us the opportunity to schedule another patient for treatment during that time.

I _____ (please print name), have read the above policy and acknowledge that I will be charged the full amount and am responsible for payment of my scheduled appointment if I cancel or reschedule with less than 24 hours notice.

Signed: _____

Date: ___/___/_____