



EVOLUTIONARY HEALING INSTITUTE

1450 Madruga Ave, #204, Miami, Florida, 33146

ph: 305.667.8174 fx:305.661.2327

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

Patient signature

Please save this form and email to ehmiami@gmail.com

You will be asked to sign at the office.