

PLEASE READ CAREFULLY

Your doctor and your physical therapist will prescribe a set frequency of treatment. Your success in reaching your rehabilitation goals can only be accomplished by following instructions and keeping your scheduled appointments. To accommodate your busy schedules, our receptionist will make several future appointments for you. This will ensure you receive the times you need. We realize appointment changes will be required from time to time so please consider the following:

- With the exception of serious emergencies, it is extremely important that you keep all your scheduled appointments.
- We require a 24 hour notice of cancellation. There is a \$25.00 cancellation fee without proper notice. Cancellation fees are not covered by your insurance and will be billed to you directly.
- Be sure to have an alternative time for rescheduling. Remember, inconsistent treatments will prevent you from reaching your goals.
- It may be necessary to see a therapist other than the one who normally treats you because of a schedule change. Please know that all of our physical therapists are experienced professionals and will follow the treatment plan noted in your chart. We will make every possible effort to accommodate your reschedule requests. In return, we only ask that you make that courtesy cancellation call.
- Please understand that your pain will probably increase and decrease as your course of treatment progresses. Either condition should not be a reason to cancel your appointment. Keeping all your appointments is the best advice we can give.
- Three (3) people are affected by missed appointments:
 - You, the patient because breaks in your treatment plan cause delays in eliminating your pain.
 - Your therapist who has a break in the schedule since his or her time had been reserved for your treatment.
 - Another patient who could have been scheduled for treatment.

By your complete cooperation with your doctor and your therapist, ***WE WILL*** have you out of pain and restored to full function swiftly.

Patient Signature

Date

SOUTH BAY SPORTS & PHYSICAL THERAPY, P.C.