

Receipt of Appointment Cancellation Policy for Creation's Own

I acknowledge that I have received a copy of the Appointment Cancellation Policy for Creation's Own. I understand that I may be billed for missed appointments as stated in the policy.

If patient is less than 18 years of age, or can't legally sign for himself/herself, his/her parent's or legal guardian's signature is required.

Patient's Name (Printed)

Signature (of Parent or Legal Guardian for Minors)

Parent or Legal Guardian Name (Printed)

Relationship to Patient

Date

Florida
3800 W. Eau Gallie Blvd., Suite 105
Melbourne, FL 32934
321.259.7111 • Fax 321.259.7222

California
California Integrative Hyperbaric Center
16251 Laguna Canyon Rd., Suite 175
Irvine, CA 92618