



## **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 (1) business day (generally well in advance of 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 (1) business days' notice there will be a charge of \$50.00 cancellation fee.

Thank you for your understanding,

Dr. Paul Canali, DC

\_\_\_\_\_  
Patient signature

**Please save this form and email to [ehmiami@gmail.com](mailto:ehmiami@gmail.com)**

You will be asked to sign at the office.