



Attendance Policy

Dear Valued Patient:

Please be aware of the following attendance policy created to best serve you and all of our patients. We look forward to providing physical therapy for you and we need your full participation in order for you to achieve the maximum benefit from therapy.

1. Please arrive on time for your scheduled appointment. Please call if you will be more than 10 minutes late. If you are more than 15 minutes late for your appointment, we may be required to reschedule. ____ *initial*
2. Please call 24 hours in advance if you know you have to cancel an appointment. We understand emergencies happen, so in these instances please call as soon as possible to cancel your appointment. ____ *initial*
3. We may have to remove you from our schedule after three (3) consecutive cancellations or two (2) "no- shows". This may require you to return to your doctor before coming back to therapy. Your doctor may be made aware of cancellations and "no-shows". ____ *initial*
4. We are generally very flexible with our ability to reschedule appointments. *Please call us as soon as you know that you have a conflict in your schedule* and we will try our best to accommodate your needs. ____ *initial*

Thank you for choosing Southeastern Physical Therapy. We are eager to work with you and together we can achieve all of your goals!

I have read and understand the above policy.

Signature

Date