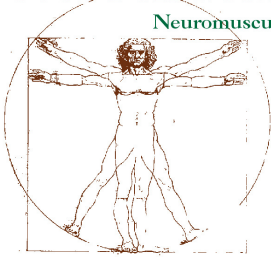


M·A·C Alternative Therapies, Inc.
Neuromuscular & Rehabilitative Therapy



DATE: _____

As a courtesy to our patients who are waiting for available appointments', we ask that you give 24 hours of cancellation notice, so that appointment time can be given to another. If 24 hours notice is not given, you will be responsible for the office visit fee. Please sign below to acknowledge this policy. Thank you.

Patient Signature