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## Hyperbaric Chamber Therapy Cancellation Policy

I understand that there is a 24-hour cancellation policy. If I am not able to make my appointment, I understand it is my responsibility to call and cancel my appointment. If my appointment is not cancelled 24 hours in advance, I understand I will be charged **50%** of the amount of my hyperbaric therapy session, as my cancellation fee. I further understand, if I do not call to cancel my appointment, and I do not attend scheduled appointment, I will be charged **FULL Price**. I cannot attend or schedule another appointment until my cancellation fee has been paid in full.

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Client Signature

Date

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Print Client Name

**1st** Missed Appt. (\$ .) \_\_\_\_\_  
Date Missed Staff Initials Amt. Pd. Date Pd.

**2nd** Missed Appt. (\$ .) \_\_\_\_\_  
Date Missed Staff Initials Amt. Pd. Date Pd.

**Prepay Fee Begins** (\$ .) \_\_\_\_\_  
Date Missed Staff Initials Amt. Pd. Date Pd.