



## Patient Contract for Appointment Attendance

By signing this contract, you agree to the following:

1. You are encouraged to make all appointment to receive the best care possible.
2. Cancellation of follow-up appointment are encouraged to be communicated to Staff of New Image Wellness 24 to 48 hours or be subject to cancellation fee. Please see financial agreement for further elaboration.
3. After three consecutive No-Show or cancellations, It is imperative to discuss with your provider the nature of the pattern status of your future care at New Image Wellness.
4. If no response to three consecutive no-shows or cancellations, your case will be closed and you will be supported in continuation of your care with another provider.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

P 856.983.4940 *Daytime*  
P 856.396.7200 *Evening/Weekends*  
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