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## APPOINTMENT AGREEMENT

### ***Rescheduling Appointments***

We understand that you may sometimes need to reschedule appointments. If you have to reschedule, please call the clinic as soon as you know that you will not be able to keep the appointment. Call at least 24 hours in advance to avoid being charged \$25.00 missed appointment fee.

### ***Missed Appointments***

If you have two missed appointments during the last 2 months you will not be able to make an appointment for a period of 2 months from the date of the second missed appointment unless it is an emergency.

I understand this Appointment Agreement and agree to follow the terms.

\_\_\_\_\_  
**Printed** Name of Patient

\_\_\_\_\_  
**Printed** Clinic Representative

\_\_\_\_\_  
**Signature** of Patient  
(or parent/legal guardian, as applicable)

\_\_\_\_\_  
**Signature** of Clinic Representative

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Date: