

PLEASE SIGN AND RETURN

POMPA HEALTH SOLUTIONS
Cancellation / Rescheduling Policy

We welcome you to Pompa Health Solutions and are happy to serve you as our patient. We are looking forward to meeting with you on your upcoming nutrition appointment.

Your appointment is on _____ at _____ A.M/P.M.

Should you need to reschedule your appointment we require a minimum notice of **48 business hours** to do so, or the full consult fee will be charged. To cancel or reschedule an appointment please call **(724) 940 – 7733** during **office hours** (listed below):

Monday: 11:00 a.m. – 1:00 p.m. and 3:00 p.m. – 6:00 p.m.

Tuesday: CLOSED

Wednesday: 11:00 a.m. – 1:00 p.m. and 3:00 p.m. – 6:30 p.m.

Thursday: 4:00 p.m. – 6:00 p.m.

Friday: CLOSED

Many of our patients have chemical sensitivities. Please do not wear any perfumes, colognes, scented lotions etc. to our office.

By signing below, you are agreeing to comply with our cancellation/rescheduling policy. Please sign and return this cancellation/rescheduling policy when you arrive to your first nutrition appointment. Thank you!

Printed Name Date

Signature Date