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Patient Name:	Date of Birth:
Cancellation/No Show Policy	
Effective November 1, 2022, Trinity Wellness Center change or cancellation to a scheduled appointment. Pa or who do not show up for scheduled appointments wi Failure to attend or provide 24-hour notification for the additional appointments being cancelled.	atients who do not provide 24-hour notification ll be responsible for a §45 cancellation fee.
Appointments can be cancelled or rescheduled by callicalling after business hours, please leave a voicemail value of appointment, and reason for cancellation.	
Trinity Wellness Center does understand that emergen may result in less than 24-hour notice for cancellation on an individual basis. Additionally, for the safety of any COVID-19 related symptoms, please call immedia	of appointments and these cases will be handled both our staff and patients, if you are exhibiting
The undersigned acknowledges the Trinity Wellness understands a \$45 fee will be imposed for failure to cattend or provide 24-hour notification to three consequences appointments being cancelled.	omply with the policy. Additionally, failure to
Patient/Guardian Signature:	Date: