WEST END CHIROPRACTIC
& REHAB CENTER

WEST END CHIROPRACTIC & REHABILITATION
4255 Laclede Ave.
St. Louis, MO 63108
Telephone: (314) 361-4650
Fax: (314) 361-4663

MEMORANDUM OF UNDERSTANDING

I understand that I am responsible for keeping and arriving on time for all appointments. If I am more than 15 minutes late for an appointment I will be considered a walk-in patient. If I am unable to make an appointment for any reason I agree to provide West End Chiropractic & Rehabilitation Center 24 hours notice. If I do not provide such notice I understand I will be charged a $10.00 fee for all missed appointments.
(Emergency cases will be considered on an individual basis)

_____ _____
Patient's Signature Date

RECEIPT OF PRIVACY POLICY

This is to confirm I have received in my hands a copy of the West End Chiropractic & Rehabilitation Center Center's Privacy Policy.

_____ _____
Patient's Signature Date