



Cancellation Policy

I, _____ and _____ (responsible party) agree to notify Dietitians ABQ, LLC at least 24 hours in advance of any scheduled appointment cancellations. I will call (505)980-2793 or (505)266-6121 to notify DABQ, LLC if I cannot not attend for any reason, and will further provide a doctor's note if I am sick. If I do not follow this agreement, I realize I will no longer be able to participate in sessions at DABQ.

Client Signature: _____

Date: _____

Guardian Signature: _____

Date: _____

DABQ

Representative: _____

Date: _____