

TD Therapeutic Dynamics

Providing excellence in Orthopedic Manual Physical Therapy.

Recent changes to scheduling due to COVID-19

Now more than ever it is important to adhere to the Cancellation Policy. If you are NOT going to keep your “reserved” appointment time, **please allow us ample notice so that someone else can have your blocked time on the schedule.** _____ (Initials)

Our semi-private treatment rooms are being used strictly on a private basis to comply with the recommendations of the CDC and Corona Virus Task Force concerning social distancing. Therefore we are extending our schedule to allow for increased “blocked time” between appointments to limit the number of patients in the clinic at any given time. This will allow for no more than one patient per room and only one patient on the gym floor at a time. _____ (Initials)

Please make sure that you arrive at your scheduled appointment on time. This will allow us to get you right back to your treatment room, **while limiting use of the waiting area.** Arriving “early” or “late” for your appointment will impede our ability to implement the recommended “social distancing” goals. _____ (Initials)

Cancellation/No-Show Policy

In order to provide proper staffing and to accommodate the scheduling needs of our patients, the following cancellation/ no-show policy will be effective beginning January 30, 2017.(Rev. 3/2020)

A 25.00 late cancellation fee will be assessed for same day cancellations. _____

A 50.00 fee will be assessed for any no-call/no-show scheduled appointment. _____

Any individual who is a no call/no show for two (2) scheduled appointments, will be placed on a “walk in only” status and will not be allowed to schedule appointments in advance. _____(Initials)

YES, I would like to receive text or phone call notifications for all my appointment times to this phone number: _____ (Initials)

Please, DO NOT TEXT our office. You may ONLY call our main number 770-232-7100 if you need to make any changes to your appointments.

Patient Signature: _____ **Date:** _____