



INFINITY CHIROPRACTIC & WELLNESS

INFINITY CHIROPRACTIC & WELLNESS CENTRE POLICIES

Mobile Devices

Our clinic is a place to disconnect from the everyday and heal - Please turn your mobile devices to silent.

Footwear

Outdoor footwear is permitted in the lobby. Upon entry to the treatment space, please remove outdoor footwear - We offer freshly laundered slippers for your use while visiting the clinic.

Scents

We are a scent free environment - Thank you for your understanding.

Cancellation Policy

When you book an appointment with one of our practitioners, that time slot is specifically reserved for you and only you. As we are all self employed, we ask that you provide us with at least *24 hours notice if you need to cancel or change your appointment. This ensures the mutual respect of both practitioners and clients. Should you need to cancel your appointment with less than *24 hours notice, we respectfully reserve the right to charge for the full amount of the session scheduled.

**This cancellation policy is necessary for our small business to continue to serve our clients in need of treatment, and also to make this a feasible career for our practitioners. Our practitioners practice a maximum of 5-6 hours per day so that you can be sure to get high quality treatment and so that they can stay healthy and injury free.*

Missed Appointments & Tardiness

For missed appointments, the full session fee will apply.

Of course, we understand that sometimes unavoidable circumstances arise. Given that we value compassion and kindness, there are times when the cancellation/missed appointment policy may be waived.

For clients arriving late to their appointments, please note, that we are often booked back to back, and will only be able to give you the remaining time in your session. In these cases, the full session fee will apply. There are no exceptions to this policy.

Thank you for your understanding.

We value each of you as individuals and welcome the responsibility and privilege of caring for and supporting you, as health care professionals.

Yours In Health & Wellness,

The Infinity Chiropractic & Wellness Centre Team

By signing below, I affirm that I _____ (please print) have read, understand and agree to the aforementioned clinic policies.

Signature: _____ Date:(month/day/year): ____/____/_____