

HOLLY JOHANTGEN, D.O.M, A.P.  
Doctor of Oriental Medicine  
Primary Care Physician



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Dear New Patient,

Thank you for choosing our office for your healthcare needs. This disclosure form is meant to make all patients aware of our office policies and procedures. After reviewing, please sign and date this form and we will be happy to provide you a personal copy.

Cancellation & Missed Appointments

As a courtesy to all patients, we request that any cancelled appointments be done so with 24 hours' notice. Any missed appointments without proper notification are subject to a missed appointment charge of \$85.00. In addition, arriving 15 minutes or more after your scheduled appointment time will result in cancellation of that appointment and an \$85.00 charge.

Please understand that we take great care in ensuring that each patient is given the time and attention needed to address their healthcare concerns. Missed appointments can result in an appointment that another patient would have benefitted from greatly. We appreciate your understanding and assistance in this regard.

Thank you,

Holly Johantgen

Please sign and date: \_\_\_\_\_