

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



28467 US Hwy 19 North, Suite 302 • Clearwater, FL 33761 • 727-216-6929

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.

Appointments: New patient appointments are scheduled for 1.5 - 2 hour increments. Existing patients are scheduled for 45-minute increments.

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 \$75.00. 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 benefited from greatly. We appreciate your understanding and assistance in this regard.

Thank you,

Holly Johantgen

Please sign and date: _____

Web Site: www.docholly.net

Front office: countrysideintegratedhealth@gmail.com