

Restorative Medical Massage Therapy  
524 South Ave East, Cranford NJ 07016  
Tel: 908-688-5200

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## **ACKNOWLEDGMENT AND AGREEMENT FORM**

- Payment is Due at time of service.
- Masks Optional: while masks are not required, please respect those who choose to wear one.
  - You can **REQUEST** for your therapist to wear a mask during your session
- Contacting the therapist directly to cancel and/or book an appointment will not be permitted

### **Cancellation and No-Show Policy**

- All Appointments **MUST** be canceled **24 hours PRIOR** to your appointment time.
  - You will be charged a fee for failure to cancel your appointment within the 24-hour time frame
  - All patients **MUST** contact the office to avoid cancellation charges.
- Failure to show up for your appointment will result in a No-Show Fee

**PLEASE NOTE:** You will not be able to reschedule your appointment until your balance is paid in full for a **LATE CANCEL** or **NO-SHOW FEE**

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- All patients will receive an email, text, and/or phone call to confirm their appointment the day prior.
- Packages are only valid for 12 months from the date of purchase
- Prices are subject to change at any time without notice

I, the undersigned, certify that I have read and agree to the terms and conditions stated above.

Client Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

FOR MINORS ONLY:

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, have read and agree to the terms and conditions stated above

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

If any of our clients need aid in printing, interpreting or filling out the forms, we are happy to accommodate that at the time of the appointment. Please alert us in advance, and plan to arrive 15 minutes early.