

6 + , 5 / ( < 5 < \$ 1 \$ % , / , 7 < / \$ % OUTPATIENT ATTENDANCE  
POLICY AGREEMENT

Patient Name: \_\_\_\_\_

In order for us to provide you the best possible care and support to achieve your rehabilitation goals, it is important for you to maintain your course of treatment by keeping your appointments. To reinforce this strategy, our attendance policy is as follows:

4 I J S M F Z 3 Z B O " C J M B U Z G F O N X T P I B M E C B T J O F E T E O U T  
B Q Q P J O U N F U O D B S O F D F M F E P S S F T D I F E V M T D F K E V M I O E I P V  
B Q Q P J O U N F O G R U J N F F S 5 T J T P O T O C E M J F O Z U M B O F P U  
D P W F S F E C Z J O T V S B O D F

" E E J U J P O B M M Z 4 I J S M F Z M B U D E Z O T D C B S H I O Z - U J C O U P O U I F  
U I J S E J O T U T B O D N J T F F P T S B T D I F E V M F O P U R Q D F O U F N F R O S U U I F  
S F T D I F E V B I F E M X B U I O P U I P D V S T

5 P D B O S I F T M D P S E V M F B O S U C P R U J O G U Z N F I Q S M P Z 3 P Z B J O M I M C J M J U Z - B  
C F M B B U F D G I F S V M F E