



3507 Post Street  
Clinton, NY 13323  
Ph: 315-853-3507  
Fax: 315-853-7629

I, \_\_\_\_\_, acknowledge there will be a \$50 fee  
Incurred for any missed appointments without prior 24 hour notification at the  
Diane J. Wooldridge, PT facility billed directly to me, the patient. This policy has been  
in effect since June 1, 2011.

Thank you for your understanding.

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