

INTEGRATIVE MUSCULAR THERAPY
Service Contract

This contract acknowledges the services of IMTC to
Please print your name: _____

It is our practice to treat every client in a professional and ethical manner. Any information pertaining to clients is kept confidential by IMTC and it's staff.

It is every client's responsibility to act in a manner that is professional and ethical, to arrive on time, and with proper hygiene.

CANCELLATION POLICY: It is the policy of IMTC that 24 hour notice of cancellation be given. Your time has been reserved specifically for you. We regret that we must charge full-price for missed appointments without proper notification.

My signature guarantees that I understand and accept all terms of this service contract.

Sign and Date

We thank you for your understanding and cooperation with this policy

Cheryl Brusket & Associates