DOLAN'S PODIATRY

Appointment Cancellation and Deposit Policy

Policy owner: Michelle Dolan, HCPC Registered Chiropodist/Podiatrist
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1. Purpose

Dolan's Podiatry operates an appointment-based service. This policy helps ensure that appointment time is used effectively and that patients are treated fairly when appointments need to be cancelled or rearranged.

2. Cancellation notice

Patients are required to give **at least 24 hours' notice** if they need to cancel or rearrange an appointment.

Cancellations made with less than 24 hours' notice, or failure to attend without notice, will normally result in the loss of any deposit paid for that appointment.

3. Exceptional circumstances

I understand that unexpected situations can arise. Exceptional circumstances will be considered on an individual basis, and discretion may be exercised where appropriate.

Patients are encouraged to contact me as soon as possible if an unexpected event prevents them from attending. Each situation will be considered fairly and sympathetically.

4. How to cancel or rearrange an appointment

Appointments may be cancelled or rearranged by any of the following methods:

- **Text:** 07494 196065
- **Email:** michelledolan@outlook.com
- **Telephone:** 07494 196065

If I am unable to answer a telephone call, please leave a voicemail message with your name, appointment date and time, and a contact number if needed.

Please provide as much notice as possible. A message sent by text, email or voicemail should clearly identify the appointment being cancelled or rearranged.

5. Deposits

Where a deposit has been paid, it will be retained if the patient cancels with less than 24 hours' notice or fails to attend, except where exceptional circumstances justify an alternative arrangement.

Where the required notice is given, deposits will be handled in accordance with the booking terms agreed at the time of booking.

6. Appointments cancelled by the practice

If I need to cancel or rearrange an appointment, I will notify the patient as soon as reasonably practicable and offer an alternative appointment where possible. Any deposit paid for an appointment that I cancel and cannot rearrange will be refunded.

7. Review

This policy will be reviewed annually or sooner if practice arrangements or relevant requirements change.

Signed: _____

Date: _____