[](http://ctrfamilyguidance.com/)

Authorization for Medical Professional to Make Appointment on Patient’s Behalf

In order to expedite scheduling please **fax** this form to **856-797-4775** prior to calling the Intake Department

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize my medical staff to make my appointments for Outpatient services on my behalf.

I acknowledge that Center for Family Guidance has a 48 hour cancellation policy. The number to cancel or change an appointment is 856-983-3900 for Marlton appointments, 856-251-0500 for West Deptford and 609-265-0408 for Westampton. In the event I do not keep my initial appointment I will be charged the full value of the appointment $275 for an initial medication evaluation and $175 for an initial therapy evaluation. Insurance does not pay for missed appointments.

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Patient Signature Date