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Consultation Agreement

Name: _____

Address: _____

Home Phone: _____ Cell _____

I agree to pay _____ per hour for consultation at the time of services. Payment is due at the time services are rendered. Our office accepts checks, credit cards and cash.

If you need to cancel an appointment, please do so 24 hours in advance by calling Dr. Rounzoin's personal voice-mail @ 714-794-2878 or e-mailing him at ccrouanzoin@gmail.com. Appointments not canceled 24 hours in advance are subject to the full consultation fee.

By signing below you are agreeing to the above fee arrangement and cancellation policy.

Signature

Date