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Cancelation policy:

Please notify me more than 24 hours in advance if you need to change or cancel your appointment. For an appointment missed or cancelled less than 24 hours in advance, there is a \$40 charge not payable by insurance. This fee must be paid prior to scheduling your next appointment.

Thank you for your consideration.

Katharine B. Jeffcoat, RDN, LD
Portland Pediatric Nutrition
503-997-8897
Katharine@pdxpn.com

I have read and understand the above payment and cancellation policies.

Client signature _____

Parent or Guardian Signature (if under 18 years old)

Date _____