

**WEST END CHIROPRACTIC & REHABILITATION CENTER**

Dr. Michael L. Gerdine  
4255 Laclede Ave.  
St. Louis, MO 63108  
Phone: (314) 361-4650 Fax: (314) 361-4663

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**MEMORANDUM OF UNDERSTANDING**

I understand that I am responsible for keeping and arriving on time for all appointments. If I am more than 15 minutes late for an appointment I will be considered a walk-in patient. If I am unable to make an appointment for any reason I agree to provide West End Chiropractic & Rehabilitation Center 24 hours notice. If I do not provide such notice I understand I will be charged a \$10.00 fee for all missed appointments.

**(Emergency cases will be considered on an individual basis)**

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Patient's Signature

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Date

**RECEIPT OF PRIVACY POLICY**

This is to confirm I have received in my hands a copy of the West End Chiropractic & Rehabilitation Center Center's Privacy Policy.

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Patient's Signature

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Date