



Robert Jordan, M.A. Ed., LMT, NCTMB, CCH

NATIONALLY CERTIFIED, LICENSED MASSAGE THERAPIST • MEMBER NAMT
CERTIFIED COLON HYDROTHERAPIST • MEMBER I-ACT

6810 Tilden Lane, Rockville, Maryland 20852 ~ 301-468-3962

Client/Therapist Agreement

I understand that payment is due at the time of treatment unless arrangements have been made otherwise.

I agree to be on time for my scheduled treatment session(s).

I agree to give at least twenty-four (24) hours notice any time I wish to cancel/reschedule a scheduled treatment session.

I agree to pay the therapist the full fee for any unattended scheduled-time-slot(s) for which I have given less than twenty-four (24) hours notice.

In cases of extreme emergency, the therapist will consider an exception.

Client Signature

Date