

Evaluation Contract

PLEASE READ ALL THE INFORMATION ON THIS FORM

Thank you for selecting *Honor Franklin Myofunctional and Speech Clinic* for an evaluation. Dr. Franklin is a specialist in the assessment and treatment of children, adolescents and adults with Orofacial Myofunctional Disorders including noxious oral habits such as thumb and finger sucking habit elimination, diagnosis of an incorrect resting tongue and lip posture and incorrect swallowing pattern and articulation speech disorders. She is the founder and owner of *Honor Franklin Myofunctional and Speech Clinic* specializing in Orofacial Myofunctional Disorders and articulation speech disorders since 1977 and is considered an expert in these fields.

Since her evaluations are very detailed oriented and specialized, it is important that extra care is taken in booking your appointment and reviewing your records. We love if both parents can attend the appointment but at least 1 parent is required to attend the appointment.

Please be advised a deposit of \$300.00 is required to reserve your evaluation appointment. This fee is to review your records and communicate prior to the evaluation. It also ensures Dr. Franklin is paid for the time she has set aside for your evaluation preparation. This deposit will be applied to the four hour evaluation fee of \$995.00.

Please Note: You must cancel your evaluation appointment 72 hours (3 days) in advance in order to have your deposit refunded. Failure to cancel your appointment 72 hours (3 days) prior to your evaluation appointment or a "no show" will result in a loss of your deposit in which case your deposit will not be refunded.

I, _____, understand that a deposit of \$300.00 to Honor Franklin Myofunctional and Speech Clinic is required to reserve an evaluation appointment. I have read the aforementioned evaluation policy. I understand that if I do not cancel 72 hours (3 days) in advance prior to my scheduled evaluation appointment, I will be charged a cancellation fee waiving my deposit.

_____	_____
Signature of person Responsible for Payment	Date

The signed evaluation contract must be received via FAX (972-701-0322) or snail mail within 7 days of booking your appointment in order for the time slot to be held. (Can be emailed but must be physically signed- No electronic signatures are accepted)