

精 氣 神



Traditional Chinese Medicine of New York

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Online Appointment Form

Today's Date: _____

Welcome to the Online Appointment Scheduling System

ALL Online Appointment Scheduling should be done 3 weeks in advance.

Please refer to the calender for placement availability

Please make sure that your submission includes your **full name, date and time of preference.**

If you are rescheduling your appointment, please include the original date and time of the appointment in addition to your submission informations.

You will be notified by a confirmation E-mail, within 24 hours, confirming or denying the requested appointment.

If your request is denied, you may re-schedule for another time or date.

If you do not receive a confirmation E-mail within 24 hours, please contact the office to confirm by phone.

As a friendly reminder:

Please remember to contact the office 24 hours ahead for appointment cancellations.

Cancellations should be done directly over the phone with the office ASAP.

Please be on time for every appointment.

Thank You For Your Cooperation!

Patient's Information

Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Phone: _____

E-mail: _____

Additional Information: Message/Notes etc...

New Appointment

Preferred Date of Appointment: _____

Preferred Time of Appointment: _____

For Rescheduling Only

Date of Original Appointment: _____

Time of Original Appointment: _____