

Genette Stanton Therapy, LLC

Genette Stanton, MEd, LPC, NCC

2219 Sawdust Rd. Ste. 1801

The Woodlands, Texas 77380

Genette.Stanton.Therapy@gmail.com

Signature Card- American Express, Master Card, Visa, or Discover

Please print:

Name on card: _____

Billing address:

Card # _____

Date of Expiration: _____ Code # _____

Authorized signature: _____

Today's date _____

Please note: 24 hours advance notice is required for cancellation of a session to avoid a \$60 no-show fee. A valid credit card is required prior to first appointment and will remain on file. Exceptions for late cancelations will be granted in exceptional circumstances.