

PLEASE BE ADVISED

Any appointment made that is not kept without notifying this office of its cancellation will be subject to a \$100 missed appointment fee. We require a 24 hour notice of cancellation. Same day cancellation will incur a charge.

It is the patient's responsibility to keep their appointment. If you cannot keep your appointment please remember to call and cancel so another patient may have the opportunity to come in and see the doctor.

Thank you for your consideration.

Date _____

Print Name _____

Please Sign _____