



Cancellation /No show Policy Procedures

In order to better accommodate our patients, we are implementing a cancellation/no show fee. We require a one week notice for rescheduling and or cancelling. If a week in advanced notice is not provided, it will be necessary to charge a \$50.00 cancellation fee. If you don't contact the office to cancel or reschedule and you "No Show" to the appointment; a \$100.00 "No Show" fee will be charged to your account. This fee will be due prior to rescheduling your procedure.

In the event that your procedure is scheduled after the weekend or after a holiday, please contact our office and leave a message if you have to cancel or reschedule. Thank you for your understanding and cooperation.

Patient Name: _____ D.O.B: _____

Patient Signature: _____ Date: _____