



Print Patient Name	Date of Birth
Missed Appointment Policy	<u></u>
We want to thank you for choosing us as your healthcare provider. In a all of our patients the best possible care we request that you review missed appointments.	<b>o</b> ,
A missed appointment is when you fail to show up for an allotted without a phone call or cancellation notice of at least 24 business how that we have reserved appointment times especially for you. Therefor 24 (business) hour notice in order to reschedule your appointment. The your cancelled appointment time to other patients. If you are unable to appointment time, please call our office at least 24 (business) hours avoid a missed appointment fee. This fee is not covered by your insurations.	ours. Please remember re, we require at least a is will enable us to offer to keep your scheduled in advance in order to
upon check-in at your next appointment. Your phone call is critical	in helping us provide
continuous care to all of our patients. Appointments scheduled and o	
day are subject to fees. If you fail to give us 24 (business) hours' notice	ce, you will be charged
the following fees: \$120	

seen at the practice	
I have read and understand th	ne policy stated above:
Signature of Patient or Legal Representative	
Printed Name of Legal Representative	

I understand that after my 2nd Missed Appointment, I will no longer be able to be