

No Show Policy Addendum

Please be aware that in addition to the information noted on the previous No Show Policy page you signed, our office also requires patients to call no later than two hours prior to your scheduled appointment to cancel. Please understand we are a high demand practice and in our effort to provide great patient care, any appointment slots that can be used, will be used to treat acute issues. In order to ensure the use of these appointments we need an appropriate notice of cancellation from patients to do so. We thank you in advance for your courtesy, and ask that you please sign and date at the bottom to verify your understanding of the two hour cancellation policy.

Name (please print) (Date)

(Signature)