Tel • 561-775-0335

Fax • 561-775-9492

NO SHOW POLICY

In an effort to continually meet the needs of our patients, the practice has established a 'NO SHOW POLICY'.

- 1. Unless there is an unforeseeable emergency, it is important that you call to cancel existing appointments; at least 48 hours' notice is required. This will allow us to free your appointment time for other patients.
- 2. You may be charged a \$75 no show fee if you fail to notify us.
- 3. Patients who do not show up for a scheduled appointment 3 times within a 12 month period and fail to notify the practice prior to the appointment, will be discharged from the practice.
- 4. We'd like to accommodate all our patients, but when a patient misses an appointment, it keeps us from being able to help others.

We	believe	this	policy	will	promote	improved	patient	care	and	appreciate	you
coo	peration	and 1	underst	andin	g in the r	natter.					

Patient Name	Date