



Cancellation Notice Agreement

Please be advised, that our office requires a 24 hour advance notice for all cancelled or rescheduled routine appointments. However, all diagnostic testing requires a 48 hour notice to cancel or reschedule your appointment.

Without the proper notice, you will be charged a \$25.00 fee for a NO SHOW appointment and \$125.00 fee for DIAGNOSTIC TESTING.

By signing below, I agree that I am financially responsible for any charged incurred for missed appointments that were not cancelled within the required time. Any emergencies with verification and proof will receive credit.

Patient Printed Name

Date

Patient Signature

D.OB