

In an effort to better serve our patients, we are requiring a 24-hour advance notice, if you are unable to keep your scheduled appointment. Keeping appointments is in the patient's best clinical interest.

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care.

By signing this form I acknowledge the importance of keeping my scheduled appointments and agree to notify the office at least 24-hours in advance, if I am unable to keep it. I also acknowledge that there could be the potential of dismissal from the practice if there are three no show appointments that occur in any twelve month period.

Patient Signature

Witness Signature

Date