



Missed Appointment Notice

Dear Patients:

Every effort is made on our part to keep on schedule, so we respectfully ask patients to be prompt and keep their appointments. Our standard office policy regarding appointment changes and/or cancellations is as follows:

*We try to remind patients by telephone/text/email prior to their appointment, but please do not rely on this courtesy. Your appointment time has been reserved especially for you. If you need to change your appointment, or are unable to keep your scheduled appointment, **WE REQUIRE AT LEAST 24 HOURS NOTICE** to avoid a charge to you for our lost time. The fee for a missed appointment, or cancellation without 24 hours notice, is \$25.00. By signing this form, you understand and agree to this policy. If you have any questions, please do not hesitate to contact us. Thank you for your cooperation.*

Printed Name of Participant

Signature of Participant

Date

Dr. Alla Shikhanovich

Doctor Signature