



NO-SHOW & CANCELLATION POLICY

“No Show” shall mean any patient who fails to arrive for a scheduled appointment. “Same Day Cancellation” shall mean any patient who cancels an appointment *less than 24* hours before their scheduled appointment.

A patient is notified of the appointment “No-Show & Cancellation Policy” at the time of scheduling.

An appointment must be canceled or rescheduled at least 24 hours prior to the scheduled appointment time.

Any established patient who fails to show, cancels, or reschedules an appointment less than 24 hours of the scheduled appointment will be considered a No-Show and will be charged a \$25.00 fee.

We understand there may be times when an unforeseen emergency occurs, and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances, please contact our office at 770-422-1013.

I have read and understand the Medical Appointment Cancellation/No Show Policy and agree to its terms.

Signature (Patient/Legal Guardian)

Relationship to patient

Print Name

Date