NO SHOW POLICY

A pattern of repeated “no shows” for appointments will result in dismissal from the practice. A “no show” is defined as a missed appointment in which the individual does not call to cancel or reschedule the appointment time.

Your signature below indicates that you are aware and understand this policy. Should you have any questions, please direct them to the front office representative.

___________________________________________        _________________
Signature of patient, if minor, signature of responsible party        Date