

SOUTH FLORIDA SKIN & LASER CENTERS

NO-SHOW POLICY

Dear Patient:

We understand that there are legitimate reasons for having to cancel an appointment. We ask you to show consideration by calling well in advance if you are unable to keep an appointment. We would like to have the option to offer that appointment to another patient who needs to see the doctor. Please let this notice serve to notify you that if you fail to give us a 24 hour notice of cancellation, there will be a \$25 cancellation fee for regular appointments, and a \$75 fee for laser, cosmetic or surgery appointments, billed to your account that cannot be filed to your insurance.

Signature of Patient _____ Date _____

When patient is under age 18 or unable
To affix signature

Signature of person authorized to consent
for patient

Printed name

Witness Signature

Printed name

3275 N State Road 7 Margate, FL 33063 954-974-3664

1447 Medical Park Blvd. #107 Wellington, FL 33414 561-789-3494