



Appointment Policy for All Patients of Record:

Patient Name: _____ Date: _____

- 1.) Patients that “no show” or “short notice cancel” (less than 24-hour notice) three or more times will be **dismissed** from the practice.
- 2.) In order to reserve time with the doctor, patients **must confirm** their appointments via the auto reminder system or by calling the office at least 24 hours in advance. We cannot guarantee you will be seen the day of your appointment if you have not given a confirmation before this time period. Please be aware that if you come to the appointment without giving confirmation, there is a chance you may have to reschedule.
- 3.) If you are more than 15 minutes late for an appointment, we may need to reschedule you.

Patient/Guardian Signature:
