

MISSED APPOINTMENT POLICY

MRN:			
Patient Name			
(Patient Label)			

In order to have an efficient and orderly practice, we request your consideration of the physician's time by asking that you give us **24 hours**' notice if you cannot attend a scheduled appointment. This allows other patients that are waiting for a cancellation to be notified. We understand that sometimes situations arise that are out of your control, and 24-hour advance notices may not be feasible. However, in these situations, we ask that you notify the office as soon as possible.

When a patient repeatedly misses scheduled appointments, it becomes an inconvenience to the practice. Therefore, at the discretion of the physician, if a patient misses three consecutive appointments without proper notification, he or she may be subject to dismissal from our clinic. A letter will be sent to the patient informing him or her of the decision and/or process.

I have read the above statement and agree to abide by the policy as stated above.

Patient or Representative Signature	[Oate	Time
If signed by someone other than the patient, please spec	cify relationsh	ip to the patient:	
Interpreter Signature	_ID#	Date	_ Time