

CANCELLATION POLICY

If you do not show up for your scheduled appointment, and you have not notified us at least 24 hours in advance, you will be required to pay a \$60.00 no show fee.

If you provide us with your email address, you will receive a reminder from our Electronic Medical Records provider, Practice Fusion, one week before your appointment, as well as one before your appointment.

You will not receive a telephone reminder. If you do not provide us with an email, you should not rely on a telephone reminder. We are only able to give reminder calls if time permits.

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PATIENT DEMOGRAPHIC INFORMATION

First and Last Name _____ Date _____

Date of Birth _____

Phone: Cell _____ Home _____ Work _____

OK to leave message? Cell Home Work

EMAIL: _____ **please write clearly**

(for appointment reminders and to facilitate access to your patient health record online)

Gender _____M _____F

Race _____ Non Hispanic _____ Hispanic

Preferred Language _____ English _____ Other (please specify)

Ethnicity

_____ Black/African American _____ White

_____ Asian

_____ Native American/Native Alaskan _____ Native Hawaiian/Other Pacific Islander