Steven C. Patching, M.D.

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**CANCELLATION & NO SHOW POLICY:**

PATIENTS,

PLEASE BE ADVISED THAT EFFECTIVE 8/1/13 WE HAVE IMPLEMENTED A NEW POLICY REGARDING CANCELLATIONS & NO SHOW APPOINTMENTS.

**A FEE OF $50 WILL BE CHARGED TO YOUR ACCOUNT IF YOU DO NOT CONTACT OUR OFFICE 48 HOURS PRIOR TO YOUR APPOINTMENT.**

THIS WILL ALLOW THE OFFICE TO FILL THAT TIME SLOT FOR ANOTHER PATIENT.

PLEASE SIGN BELOW IN ACKNOWLEDGEMENT OF THE STATEMENT ABOVE.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(SIGNATURE)**

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**(PLEASE PRINT NAME)**