

MISSED APPOINTMENT AND CANCELLATION POLICY

This notice is to remind you that we require at least 24 hours advance notice if you change, cancel or miss an appointment. If we do not receive 24 hours notice, you may be charged a fee.

As a courtesy, our office will make appointment reminder calls and we do require our patients to confirm via telephone either by speaking with the office staff or by leaving a voice mail that you are coming to your appointment. If we do not hear from you, your appointment may be cancelled.

Thank you for your understanding and cooperation-

The Physicians and Staff of

Allergy & Asthma Associates – South

Print patient name: _____ Signature: _____ Date: __/__/__

By signing this form, I am acknowledging that I have been notified of the office's policy