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## Acknowledgement of Receipt of NO SHOW POLICY

It was necessary for the office to establish a no show policy due to the number of patients waiting on a cancellation list to get in for an appointment. In the event that you are unable to keep your scheduled appointment, kindly give our office 24 hours notice. If you do not call to cancel your appointment and you fail to show up for the scheduled appointment, you will be charged a fee of \$50.

I acknowledge that I have read and understand the above no show policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship (if not signed by patient): \_\_\_\_\_

Witness: \_\_\_\_\_