



CANCELLATION AND MISSED APPOINTMENT POLICY

We want to thank you for choosing us as your health care provider. In order to give you and all our patients, the best possible care, we request that you review our policy regarding missed and/or cancelled appointments. Please remember that we have reserved appointment times especially for you. Therefore, we request notice in order to reschedule your appointment. This will enable us to offer your cancelled time to other patients that desire to get their treatment completed.

We consider an appointment missed if you fail to show up for scheduled services without a phone call or without cancellation notice at least 48-72 hours prior to your appointment time. If you fail to give us notice of your cancellation, the following policy will be applied:

- **SKIN CONSULT / AESTHETIC TREATMENT**

Please call our office *at least* 48-hours in advance in order to avoid a missed appointment or late cancellation charge. There is a \$25.00 missed appointment fee. For appointments allotted more than 1 hour, the fee will be \$25.00 per *hour* of scheduled appointment.

- **COOLSCULPT APPOINTMENT**

A deposit of \$250 is required to reserve Coolsculpting appointments. Please call our office *at least* 72 hours in advance in order to avoid a missed appointment or late cancellation charge. Any missed appointments or cancellations made with less than 72 hours notice, will forfeit the \$250.00 deposit.

- **VEIN CONSULT / SCLEROTHERAPY TREATMENT / ULTRASOUND APPOINTMENT**

Please call our office *at least* 48 hours in advance in order to avoid a missed appointment or late cancellation charge. There is a \$25.00 missed appointment fee. For appointments allotted more than 1 hour, the fee will be \$25.00 per *hour* of scheduled appointment.

- **SCHEDULED SURGERY**

Please call our office at least **72**-hours in advance of your procedure in order to avoid a missed appointment or late cancellation charge. You will be billed \$100.00 for any surgery not cancelled according to this policy.

Patient Signature: _____

Date: _____