

NEW PATIENT FORMS  
MISSED APPOINTMENT POLICY

Please note if you need to change or cancel your appointment, we request notice of at least 48 business hours. If we do not have advance notice, there will be a broken appointment charge of **\$75** per scheduled hour applied to your account. A scheduled appointment is the patient's responsibility. As a courtesy, we do take all efforts in order to remind the patient of their scheduled appointment. As you know, all of our time is valuable and in support of that we do provide a courtesy reminder via text, telephone or email depending on your preferences for all appointments.

Thank you for your confidence in our office. We look forward to providing you with competent care and courteous service.

Sincerely,  
Dr. Day and Staff

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO DR. DAY FOR ALL CARE AND SERVICES PROVIDED TO ME.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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