

Cancellation Policy for Life Family Practice

Our office requires that you give us a 24 hour notice prior to your appointment to inform us of any cancellation. This includes lab appointments as well as office visits.

If you are unable to make your scheduled appointment and if it is after hours, please leave a message with the answering service at our office telephone number.

I hereby acknowledge that I will be charged a fee of \$25 for **all** NO SHOWS. This fee will need to be paid in full by the next scheduled appointment.

Signature _____

Printed Name _____

Date _____

Thank you,

Life Care Family Practice