



Cancellation/Reschedule Policy

To help us better serve our patients, the Golgi Clinic requires 24 hours notice to cancel or reschedule your appointment. Any appointment changes made with less than 24 hours notice will incur a \$50 fee. Please *call* our office to change or cancel your appointment. **Email is not a valid form of communication.**

Please *initial* once you have read the following regarding our cancellation/reschedule policy.

_____ I understand that with failure to give 24 hours notice, or a no-show, my credit card on file will be charged a \$50 fee.

_____ I understand that email cancellations are not considered a valid form of communication and should I wish to change my appointment, *I will call the clinic.*

Signature Patient or Guardian

Printed Name of Patient or Guardian



Cancellation/Reschedule Policy

To help us better serve our patients, the Golgi Clinic requires 24 hours notice to cancel or reschedule your appointment. Any appointment changes made with less than 24 hours notice will incur a \$50 fee. Please call our office to change or cancel your appointment. **Email is not a valid form of communication.**

Please *initial* once you have read the following regarding our cancellation/reschedule policy.

_____ I understand that with failure to give 24 hours notice, or a no-show, my credit card on file will be charged a \$50 fee.

_____ I understand that email cancellations are not considered a valid form of communication and should I wish to change my appointment, *I will call the clinic.*

Signature Patient or Guardian

Printed Name of Patient or Guardian