

## No Show/ Late Policy

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As a patient you are responsible for keeping your appointments. If you are unable to keep your scheduled appointment, we ask that you show consideration **[by contacting our office 48 hours before your scheduled appointment date and time to cancel or reschedule your appointment]**. This gives us an opportunity to offer that appointment to another patient in need.

While we make every attempt to send a reminder notice for your appointment, ultimately it is the patient's responsibility to keep track of the appointment time and date.

Additionally, we ask that you arrive for your appointment on time. **[If you are more than 15 minutes late to your appointment you may not be seen]**. Your appointment may need to be rescheduled, and it will be considered a "No Show".

No Shows will be reset for every calendar year that you are seen at our office.

Please initial each item below to acknowledge these policies. A copy of this will be placed in your chart and can be provided to you upon request.

**1<sup>st</sup> No Show:** Will be documented in your chart \_\_\_\_\_ **Initial**

**2<sup>nd</sup> No Show:** You will be asked to return to your Primary Care Physician to obtain a new referral \_\_\_\_\_ **Initial**

**3<sup>rd</sup> No Show:** You may be reviewed for dismissal as a patient from Pacific Skin Institute \_\_\_\_\_ **Initial**

I have acknowledged the above policy and will adhere to its guidelines.

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

[Internal use only – MRN: \_\_\_\_\_]

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