

Bay Area Oriental Family Practice, P.A.

**APPOINTMENT
CANCELLATION & NO SHOW
POLICY**

Dear Patients,

Due to our busy schedule our patient waiting list has grown. We ask that you try to keep your appointment date and time, and make your best effort to arrive on time for your office visit. If you do not arrive for your appointment on time and we cannot fit you in, we reserve the right to enforce our Cancellation & No Show policy.

If for any reason you need to cancel or reschedule your appointment, we require a minimum of 24 hours notice during business hours. Otherwise, please note we reserve the right to charge a \$60 cancellation fee.

As always, we offer the best care to our patients. This policy will allow us to continue to give each patient the time and attention deserved.

I have read and understand this policy.

Patient Signature: _____

Date: _____