



No-Show/ Cancellation Acknowledgment

Patient Name

DOB

When an appointment is made, we require that it is kept or cancelled prior to the appointment time.

I understand that if I fail to cancel or reschedule an appointment, it will be considered a "no-show".

I also understand that after three "no-shows", we may consider permanent dismissal of the entire family from our practice.

Parent/Guardian (printed)

Relationship to patient

Patient/Guardian signature

Date