



Cancellation Policy

Due to high volume of patients waiting to be seen, this policy must be enforced to meet the demand for dermatology services and treatment.

Please see the following cancellation policy:

Any visit **not cancelled 24 hours in advance** will be considered a missed appointment.

2 missed appointments will result in dismissal from the practice.

Thank you for your cooperation and compliance.

_____	_____
Print Patient Name	DOB
_____	_____
Patient/Parent/Guardian Signature	Date
_____	_____
Witness/Staff Member Initials	Date