



Pain Management • Non-operative Spine Care • EMG/NCS • Sports Medicine

Date: _____

Effective as of February 17, 2003, there will be a \$25.00 charge for any patient that no-shows for an appointment without 24 hours notice. You must call the office at (972)682-3909, 24 hours prior to your visit to cancel or reschedule.

I _____ have read the above information and understand I, not my insurance company, will be responsible for the \$25.00 charge if I do not follow the above policy.

Patient Signature

Date

Witness

Date