

Skin Center of South Miami

6280 S.W. 72nd Street Suite 500
South Miami, FL 33143
(305) 740-6181
FAX (305) 740-6140

Patient Name: _____

Date: _____

CANCELLATION/MISSED APPOINTMENT POLICY

Your appointment time has been set aside for you. This time is unavailable to other patients. Therefore, we require at least 24 hours advance notice if you need to cancel your appointment. For all missed or cancelled appointments with less than 24 hours notice, you will be charged a \$35.00 cancellation fee. Appointment reminder calls are a courtesy. Should you not receive a reminder telephone call, it is still your responsibility to remember your appointment.

I have read and understand the cancellation/missed appointment policy _____
(Patient Signature)

If Patient is a minor, please provide parent or guardian's information.

Name _____ Relationship _____

Parent or Guardian signature _____