

**YOU  
MUST FILL OUT  
YOUR PAPERWORK  
AND BRING IT  
WITH YOU TO  
YOUR FIRST  
APPOINTMENT**

Cancellations must be over 24 hours in  
advance to avoid a \$125.00 fee.

**Stephanie A. Caradonna, MD**  
Board Certified Dermatologist

**Julie T. Templet, MD**  
Board Certified Dermatologist

# Sarasota Skin and Cancer Center

**Heather S. Larabee, MD**  
Board Certified Dermatologist  
Fellowship Trained Mohs Surgeon

**Jennifer A. Siddons, APRN**

*Below are questions most frequently asked by patients undergoing Mohs Surgery*

**Are skin cancers life threatening?** Basal cell carcinomas (also referred to as basal cell epitheliomas) are the most common form of skin cancer and are extremely unlikely to be life threatening. Squamous cell carcinomas, the second most common skin cancer, are also rarely life threatening. These tumors replace normal surrounding tissue and generally do **not** spread to other areas. The third most common skin cancer, malignant melanoma, can be life threatening if treated late. When discovered and treated early, malignant melanoma may be cured. Basal cell carcinomas and squamous cell carcinomas never "turn into" malignant melanoma.

**What are possible treatment options for Basal Cell and Squamous Cell Carcinomas?** There are several effective treatments: curetting (scraping) the cancer, freezing the cancer, radiation therapy, topical anti-cancer creams, standard excision, & Mohs surgery.

**What does Mohs stand for?** Dr. Frederic Mohs developed this technique almost 80 years ago. The procedure has been modified and refined over the years. Practitioners of the technique have kept Mohs' name out of respect for his contribution. It has also been called Mohs chemosurgery and Mohs micrographic surgery.

**What makes Mohs surgery different from other types of surgery?** The difference is what happens to the tissue after it is removed. After removing all obvious tumor, the surgeon removes a thin layer of normal-appearing skin surrounding the cancer. A map is made of the specimen. It is then processed in the laboratory (the processing takes approximately one hour). The surgeon then examines the specimen under the microscope. If cancerous cells are present in the specimen, the corresponding location on the map is marked. The Mohs surgeon then returns to the patient and removes more tissue only in the area where the cancer remains (which will once again be processed in the lab). This is repeated, if necessary, until the tumor is completely removed.

**What are the advantages of Mohs surgery?** The two main advantages of Mohs surgery are cure rates and skin conservation. Since microscopic examination of the tissue is used as a guide, the Mohs surgeon is better able to remove the skin cancer while leaving behind as much normal skin as possible. Mohs surgery usually offers the highest cure rate of any other cancer removal procedure.

**Will I have a scar after surgery and how large will it be?** Anytime the skin is cut a scar is formed. The goal of the surgeon is to maintain function & minimize the appearance of the scar as much as possible. The size of the scar depends on the size & location of the tumor. It's often difficult to predict the tumor size before surgery.

**Will I have stitches following the surgery?** There are 3 main ways your surgical wound may be handled and will be fully discussed with you on your day of surgery.

1. Direct closure of the wound: In most cases, surgical wounds are sutured (sewn) together.
2. Skin graft: In some instances, it is necessary to remove skin from another location (in front of your ear, behind your ear, etc.) and graft it over the wound.
3. Second intention healing: The body has excellent capacity to heal open wounds. This healing period is approximately four to eight weeks, depending on the size of the wound. It requires regular wound care.

**Will I be put to sleep for the surgery?** No. The surgery is well tolerated with local anesthesia, thus sparing you the possible side effects of general anesthesia.

**How long will the surgery last?** The length of the surgery depends on the extent of the tumor. **Often surgery lasts the better part of a day.** Much of the time is spent waiting for the tissue to be processed. Prepare to spend the whole day. Bring materials, needlework, etc. to help pass the time.

**Should I bring someone with me?** Bring a driver if you are having surgery on the eye or if the cancer is on the part of your nose that is close to the eye. It is also recommended that the person taking care of your wound be present to hear the instructions for post-operative wound care.

**Should I eat breakfast or lunch before the surgery?** Yes, breakfast is recommended. If your surgery appointment is after 1 pm, we recommend you eat lunch beforehand. Although we provide a snack while you wait, if you are a diabetic, you may want to bring diabetic appropriate snacks.

**Should I take my regular medications on the morning of the surgery?** Yes. Take your regular medications as they have been prescribed.

**Are there any medications I should avoid prior to surgery?** We would prefer that you continue to take **all** of your prescribed medications prior to your surgery, including blood thinners. If your physician has prescribed or recommended that you take a blood thinning medication as aspirin, coumadin, ibuprofen (Motrin, Advil), naproxen (Aleve), Persantine, and/or Plavix, please continue to take them. Please bring all of your medications with you (or a complete list) on the day of surgery. Certain vitamins (Vitamin E) and herbals (Ginseng, Ginkgo Biloba, Garlic pills) should be stopped 5-10 days before surgery.

**I have taken antibiotics in the past for other medical and/or dental procedures. Do I need to take antibiotics before surgery?** If you have ever taken antibiotics prior to dental or other surgical procedures, or have a history of artificial heart valves, or artificial joints, please let us know when you arrive at our office (on the day of your surgery appointment).

**What if I recently had cataract surgery?** Consult with your eye surgeon as to how soon you may undergo Mohs surgery. If your lesion is close to your eye, he or she may advise you to wait a few weeks.

**What are the potential complications of surgery?** Bleeding and infection are the two primary complications. Both are uncommon. We will discuss how to recognize and deal with these problems when you come in for your surgery.



**Who will be my Mohs Surgeon?** Dr. Heather S. Larabee will be your Mohs Surgeon.

**Dr. Heather S. Larabee** graduated college from West Virginia University. After spending a year conducting research, she attended medical school at West Virginia University School of Medicine, and performed her Internal Medicine Internship at the Charleston Area Medical Center in Charleston, WV. Dr. Larabee was then accepted into a Dermatology Residency program at the University of North Carolina in Chapel Hill, NC, and became a Board Certified Dermatologist. Upon completion of residency, she returned to her home state of Pennsylvania and was in private practice with a large dermatology group for three years. During that time, she was also a Clinical Assistant of Dermatology at Penn State Milton S. Hershey Medical Center. In 2005, she embarked on a Mohs fellowship/Procedural Dermatology Surgical fellowship at Geisinger Medical Center in Danville, PA. Upon its completion in 2006, she joined Dr. Stephanie Caradonna at the Sarasota Skin Cancer Center and performs over 2,000 Mohs cases per year (over 28,000 Mohs cases in her career).

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## **SARASOTA SKIN and CANCER CENTER**

2179 S. Tamiami Trail, Ste. 101  
Osprey, FL 34229

**Heather S. Larabee, MD**  
Board Certified Dermatologist  
Fellowship Trained Mohs Surgeon  
Fellowship Trained Procedural Dermatologic Surgeon

### **DIRECTIONS TO OFFICE**

#### **FROM SOUTH SARASOTA**

- US 41 South, 4.5 miles south of the Sarasota Square Mall (now Westfield mall)
- Look for intersection of Blackburn Point Road and US 41, office is 1 mile south on left side of street, 2 driveways north of Rosebuds Restaurant on same side.

#### **FROM BRADENTON / NORTH SARASOTA**

- Take I-75 South to Exit 200 (681/Venice Connector). Follow SR 681 until it terminates into US 41N. Take US 41N (Tamiami Trail), go 1½ miles north and office is on the right.
- Office is 2 driveways north of Rosebuds Restaurant on same side.

#### **FROM VENICE**

- Take 41N (Tamiami Trail), office is 1½ miles north of Exit (overpass) for I-75 via 681/Venice Connector.
- Office is 2 driveways north of Rosebuds Restaurant on same side.

#### **FROM PORT CHARLOTTE / NORTH PORT**

- Take I-75 to Exit 195 (Laurel Road/Nokomis). Make left onto Laurel Road and follow until intersects with 41. Turn right onto US 41N (or Tamiami Trail), office is 1½ miles north of Exit for 75 for 681/Venice Connector, office is on right side of street.
- Office is 2 driveways north of Rosebuds Restaurant on same side.

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Please review the enclosed information, as it contains instructions and frequently asked questions for your upcoming Mohs surgery.

*Prior to your surgery:*

1. Five (5) days before your surgery, stop taking the following: Aspirin, Fish Oil, and Vitamin E Supplement (multivitamins are ok to take.) If your physician has told you to take aspirin, continue to take it. If you take aspirin for overall good health without being directed by a physician, stop taking it 5 days beforehand.
2. Continue taking your blood thinning medications if these have been prescribed by your physician.
3. Continue to take all other medicine as prescribed.

*On the day of your surgery:*

1. Bring a driver if you are having surgery on the eye or if the cancer is on the part of your nose that is close to the eye. It is also recommended that the person taking care of your wound be present to hear the instructions for post-operative wound care.
2. Take all of your medications as prescribed.
3. Eat a healthy breakfast or lunch.
4. Be prepared to spend the day with us; you will be here at least a few hours, and possibly for the whole day.
5. Please bring a sweater/jacket and/or blanket. Please bring a book or puzzle to do while we process your tissue. We have magazines, a television, and free Wi-Fi.
6. If you are diabetic, please bring diabetic-appropriate snacks. We do provide a separate waiting area for our Mohs patients; it is supplied with coffee, cookies, crackers, tea and hot chocolate.
7. Do not have any activities or appointments planned on the day of your surgery. Plan to go directly home afterwards, and rest/relax for the remainder of the day. The highest risk for bleeding is within the first 48 hours (especially the first 4 to 8 hours).
8. If you have been given stitches after surgery, you will need to discontinue all exercising. This includes brisk walking, riding a bike, swimming, weightlifting, tennis, etc. Stitches usually stay in for 7 days. After the removal of your stitches you are able to go back to exercising. Patients are usually able to golf 2 days after surgery.

We hope that the enclosed information will answer many of your questions. If you have further questions after reviewing this material, please feel free to call our office at (941) 966-0222 x 111.

We appreciate the opportunity to serve you!

Sincerely, Heather S. Larabee, MD

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## PATIENT CARE POLICY LETTER

### **Welcome to the Sarasota Skin and Cancer Center.**

This letter will better acquaint you with our office policies for patient care.

**Patient Medical Information Form.** To help us provide you with better medical care, we ask that all new patients, and patients we have not seen in the past three years, fill out a medical information form.

**Medications.** We ask that whenever you come in for an appointment that you bring a current list of all the medications you are currently taking. You should keep this list in your wallet or purse and share it with other doctors you may visit. Whenever you are prescribed a new medication read any information that might come with it and check with your pharmacist to make sure it doesn't interfere with any of your other medications.

**Prescription renewals.** If you call for a prescription renewal please be prepared to give the details of the medication needed (i.e., name, strength, quantity, where and how often using, etc.). Please make your request during regular clinic hours and allow up to 48 hours for them to be called in, longer if you call in the day before the weekend. If Sarasota Skin and Cancer Center hasn't seen you within the past 12 months, you should make an appointment for reevaluation before requesting additional prescriptions, with a few exceptions.

**Skin Biopsy and other Lab Tests.** Sometimes it is necessary to take a skin biopsy and (or) order lab tests to help us figure out what is causing a skin condition. You or your insurance company will get a separate bill from the laboratory. It is very important that you get the results of any tests we order (e.g., skin biopsies, blood work, x-rays). After we receive the results, we will call you to discuss them. However, if you don't hear from us within three weeks from the time the test was done, it is important that you call us for the results.

**Referring Physicians.** If another doctor referred you to the Sarasota Skin and Cancer Center please let us know and our center will send the referring doctor a letter that will provide the details of your evaluation.

**Referrals.** Please check your insurance to see if they require a referral authorization from your primary care physician before we see you. If necessary, please make sure we receive this by your appointment time or you will have to reschedule. This is **not necessary** if you are being referred for Mohs surgery.

**Insurance and Billing Questions.** Our current health care system is very complex and it is difficult to keep track of the always-changing insurance company rules and regulations. We will work with you to help resolve problems that may arise from your insurance company (e.g., refusal to pay for certain treatments, lab tests or follow-up visits). As a courtesy to our patients, we file the bills with most insurance companies. However, the involvement of the insurance companies makes the billing process extra complicated. If you have any questions regarding your billing statements, please let us know so we can help you figure them out.

**Appointment Cancellations.** If you have a change in plans, we will be grateful if you would call and cancel the appointment as soon as possible so that other patients can use your appointment slot. A 24 hour notification is needed to prevent being charged. You can leave a message on our answering machine if you call after normal clinic hours. Thanks.

**Emergent Dermatological Needs.** If you have a skin-related problem that you don't think can wait until the next available slot, let us know and we will make arrangements to see you sooner. If you have a question or problem that can't wait until our clinic is open again, please call (941) 966-0222 and listen to the recording to learn how to reach Sarasota Skin and Cancer Center Office after hours. If you think you have a more serious problem that needs more immediate medical attention and (or) might be life threatening, please go to your local emergency room without delay.

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PATIENT SIGNATURE

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DATE

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**Julie T. Templet, MD**  
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## PATIENT INFORMATION

<b>Name</b>	<b>Date of Birth</b>	<b>Age</b>
<b>Address</b>	<b>Sex:</b>	
<b>City</b> <b>State</b> <b>Zip</b>	<b>Marital Status:</b> Single / Mar / Div / Sep / Wid	
<b>Home Phone</b>	<b>Social Security Number</b>	
<b>Work Phone</b>	<b>Email:</b>	
<b>Cell Phone</b>	<b>Spouse's Name (if applicable):</b>	
<b>Northern Address (if different)</b> <b>Address</b> <b>City</b> <b>Northern Phone</b>	<b>Responsible Party (if patient is a minor):</b>  <b>Name</b>	
<b>If no way to contact you:</b> <b>Name:</b> <b>Relationship:</b> <b>Phone:</b>	<b>May we call your work about insurance questions / appointments / biopsy results / medication questions?</b>  <b>Yes / No</b>	
<b>Pharmacy Name:</b> <b>Address:</b> <b>Phone:</b>	<b>Race:</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient Refusal or Other	
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Patient Refusal		
<b>Primary Insurance Information</b> (please present cards) <b>Insurance Name</b> _____	<b>Secondary Insurance Information</b> (please present cards) <b>Insurance Name</b> _____	
<b>Specialist Co Pay \$</b> _____ <b>Name of Policy Holder</b> _____ _____	<b>Specialist Co Pay \$</b> _____ <b>Name of Policy Holder</b> _____ _____	
<b>Policy Holder's SSN</b> _____ <b>Policy Holder's DOB</b> _____ <b>ID #</b> _____ <b>Group #</b> _____	<b>Policy Holder's SSN</b> _____ <b>Policy Holder's DOB</b> _____ <b>ID #</b> _____ <b>Group #</b> _____	

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## PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, SARASOTA SKIN & CANCER CENTER may use and disclose protected health information ("PHI") about me to carry out treatment, payment and healthcare operations ("TPO"). Please refer to SARASOTA SKIN & CANCER CENTER's Notice of Privacy Practices for a more complete description of such uses and disclosures.

I give SARASOTA SKIN & CANCER CENTER permission to share appointment, billing and medical information, including test results with the following persons: \_\_\_\_\_

SARASOTA SKIN & CANCER CENTER may leave messages regarding appointments, billing or medical information, including test results, on my home phone answering machine, \_\_\_YES\_\_\_ NO and/or my cell phone \_\_\_YES\_\_\_ NO. If no, please provide an alternative phone number: \_\_\_\_\_

With my consent, SARASOTA SKIN & CANCER CENTER may mail to my home or other designated location, any items that assist the Practice in carrying out TPO, such as appointment reminder cards and patient statements marked Personal and Confidential.

With my consent, SARASOTA SKIN & CANCER CENTER may e-mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.

I have the right to restrict how SARASOTA SKIN & CANCER CENTER uses or discloses my PHI to implement my TPO for services which I pay for, in full, or out-of-pocket. I acknowledge that withholding my PHI from my Health Plan may cause my Health Plan not to pay for future services.

I agree that SARASOTA SKIN & CANCER CENTER may request and use my prescription medication history from other healthcare providers or third party pharmacy benefit payors for treatment purposes.

By signing this form, I am consenting to SARASOTA SKIN & CANCER CENTER's use and disclosures of my PHI to carry out TPO.

I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, SARASOTA SKIN & CANCER CENTER may decline to provide treatment to me.

### ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received or have been offered a copy of the SARASOTA SKIN & CANCER CENTER Notice of Privacy Practices with the effective date of September 23, 2013.

Copy distributed for patient \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Signature of Patient or Legal Guardian

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Date

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## HEALTH HISTORY QUESTIONNAIRE

<b>Name:</b>	<b>Occupation: (retired from)</b>
<b>Primary Care Physician (PCP):</b>	<b>PCP's Telephone #:</b>
<b>PCP's Address:</b>	

**DO YOU HAVE NOW OR HAVE YOU HAD A HISTORY OF THE FOLLOWING CONDITIONS?**

<b>Heart:</b> Pacemaker Yes / No	<b>Kidney / Bladder:</b> Kidney Stones Yes / No	<b>Muscle / Joints:</b> Arthritis Yes / No
Defibrillator Yes / No	Kidney Failure Yes / No	Muscle Weakness Yes / No
Heart Murmur Yes / No	<b>Allergies / Immune:</b> Asthma Yes / No	<b>Eyes:</b> Cataracts / Glaucoma Yes / No
Angina / Chest pain Yes / No	Hay / Fever Yes / No	<b>Ears / Nose / Mouth:</b>
High or low blood pressure Yes / No	Lupus Yes / No	Chronic Cough Yes / No
<b>Lungs:</b> Shortness of breath Yes / No	<b>HIV / AIDS</b> Yes / No	Mouth Sores Yes / No
Asthma Yes / No	<b>Neurologic:</b> Stroke Yes / No	Nasal Congestion Yes / No
Emphysema Yes / No	Seizures Yes / No	Nasal Discharge Yes / No
<b>Endocrine:</b> Diabetes mellitus Yes / No	<b>Blood:</b> Bleeding Disorder Yes / No	<b>Cancer:</b> Leukemia Yes / No
Thyroid disease Yes / No	<b>Abdomen:</b> Liver Disease Yes / No	Lymphoma Yes / No
<b>Psychiatric:</b> Depression Yes / No	Ulcers Yes / No	Internal Cancer Yes / No
Anxiety Yes / No	Hepatitis B or C Yes / No	<b>What Type of Cancer:</b>
BiPolar Disorder Yes / No	Hepatitis treated: Yes / No	Have you ever received radiation treatments? Yes / No
<b>Skin:</b> Photosensitivity Yes / No	<b>Do you personally use the following:</b>	<b>Do any family members have a history of the following conditions:</b>
Skin Pre-Cancers Yes / No	Sunscreen Yes / No	Melanoma Who: Yes / No
Skin Cancer Yes / No	Alcohol Yes / No	Basal Cell / Squamous Cell Carcinoma Yes / No
Basal Cell / Squamous Cell Yes / No	Tobacco Yes / No	Other Skin Diseases What: Yes / No
Melanoma Yes / No	<input type="checkbox"/> Current Everyday Smoker	
<b>Surgery Questions:</b>	<input type="checkbox"/> Current Someday Smoker	
Prosthesis	<input type="checkbox"/> Former Smoker	
(artificial joint knee, hip, etc.) Yes / No	<input type="checkbox"/> Never Smoked	
If yes, location _____ year _____	If history of smoking:	<b>ALLERGIES to:</b>
Transplant Yes / No	When started:      When stopped:	Latex: Yes / No      Reaction:
If yes, organ _____ year _____		Tape: Yes / No      Reaction:
		Ointment: Yes / No      Reaction:
Do you take antibiotics at the dentist before routine cleanings Yes / No		Epinephrine: Yes / No      Reaction:
If yes, antibiotic name: _____ reason _____		
<b>**We carry a supply of antibiotics. Dr. Larabee will discuss this at the time of your appointment.</b>		
<b>Current Medications (including vitamins/herbal supplements):</b>		
<b>Allergies to medications:</b>		



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## FINANCIAL POLICY and MEDICAL RELEASE AUTHORIZATION

DATE: \_\_\_\_\_

Patients who do not carry any form of medical or surgical insurance should know that all services furnished are charged directly to the patient, and that he or she is responsible for payment at the time of service unless otherwise arranged. We will submit claims for patients with Medicare, and other private insurance in which we are a preferred provider. In these cases you are responsible for any deductibles or co-payments at the time of service. For patients who are on any other insurance plans, payment is required at time of visit. We will prepare all the necessary forms and assist you in filing claims with your carrier, so that you may be reimbursed.

In addition to our charge for the visit or procedure, if you have a biopsy, surgical specimen, or culture swab taken at any visit, you (or your insurance) will be billed separately by the pathologist or lab for their analysis of the specimen. We will provide your billing and insurance information to the lab or pathologist.

Most misunderstandings about insurance can be avoided if you understand what your policy provides.

All insurance forms processed by this office, prior to payment in full, are assigned to this practice. Your cooperation in complying with the terms of this assignment will be appreciated.

I authorize Sarasota Skin and Cancer Center to release information from my medical record to all physicians participating in the continuity of my care.

### STATEMENT OF FINANCIAL RESPONSIBILITY

I, the UNDERSIGNED, have read the above and realize that all medical and surgical charges incurred by me, or my dependents, for services rendered by Sarasota Skin and Cancer Center are my financial responsibility. All court fees, attorney fees, or other fees necessary to collect this account, should it become delinquent, are payable by me.

### MISSED APPOINTMENT POLICY

I, the UNDERSIGNED, understand that if I miss 2 appointments without notifying the office prior to my appointment time, I will be discharged from the practice.

\_\_\_\_\_  
Patient or Parent/Guardian Signature

\_\_\_\_\_  
Patient Name (please print)