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To Our Valuable Patient:

Our goal at Allentown Family Foot Care is to provide you with outstanding service in a timely manner. Unfortunately, there are patients that schedule an appointment and fail to keep it (no show) without calling to cancel. This is unfair to patients that could have been seen at that time.

Therefore, we have had to adopt the following policy:
There will be a \$25.00 fee charged to the patient for failure to cancel an appointment 24 hours in advance.

I have read and understand the above policy.

Signature:

_____ Date: _____

Witness: _____ Date: _____
