



Emergency No Show and Late Cancel Charge Waiver

Patient Name: _____ Date of Birth: _____

Parent Name: _____

Contact Phone number: _____

Date of Scheduled Appointment: _____

Must be filled out within 45 days of missed appointment to be valid

Late Cancel or No Show

Was this an Emergency (please explain below)? Yes No

Was this Weather Related (please explain below)? Yes No

Was this a Scheduling Error (please explain below)? Yes No

- If so who scheduled the appointment? _____
- Can you prove it was a scheduling error? Yes No
 - If so please attach reminder card or other proof you might have.

Reasoning behind wanting an exception this one time?

Patient or Parent Signature: _____