MEMORIAL REGIONAL HEALTH MEDICAL CLINIC

NO SHOW POLICY ACKNOWLEDGEMENT

Dear Patient, Parent, or Guardian of:

Our No Show Policy is strict in order to provide good quality services to patients. If you have an appointment that you are unable to attend, you must call greater than 24 hours to cancel or reschedule your appointment. Appointment cancellations with less than 24 hours’ notice, are considered to be a No Show appointment.

The medical clinic staff will send a letter the first and second time an appointment is missed without the patient or caregiver calling more than 24 hours prior to the scheduled appointment time. The third missed appointment within a calendar year may result in dismissal from the medical clinic.

Thank you for your cooperation,

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**