

LILLINGTON FAMILY MEDICAL CENTER

John L. Briggs, MD Jessica M. Sloan, MD

NO SHOW POLICY

A pattern of repeated “no shows” for appointments will result in dismissal from this medical practice. A “no show” is defined as a missed appointment in which the individual does not call to cancel or reschedule the appointment time. We request at least 24 hour notice for any cancellations. A \$25.00 fee will be charged for each no showed appointment and must be paid on or before the next visit.

Our staff calls and reminds patients two days ahead of time for appointments. It is the patient’s responsibility to make sure we have the right phone number in his or her chart.

Your signature below indicates that you aware and understand this policy. Should you have any questions, please direct them to the office manager. If you should refuse to sign this form, a blank form with the refusal date will be placed in your chart.

Patient/Guardian Signature

Date