## **Dyson Pediatrics**

## **Cancellation and No-Show Policy**

2222 N Craycroft Rd., Tucson, AZ 85712

PATIENT NAME \_\_\_\_\_

DOB	MRN		
requested that you provide	more than 24-hour not	nust cancel your appointmentice if you need to cancel or note is waiting for an appointm	reschedule your
• •		m., on the business day pric will be subject to a \$25.00 ca	•
•	• •	n a 12-month period, you m ents with any of our physicia	•
Same day scheduled appoin the time frame of your notic	•	y also result in a \$25.00 fee,	depending on
	•	ibility of the patient (Parent full prior to your next appoi	•
•		nces may cause you to cance nly with managerial approva	
	mmunication. We are ha	tient relationship is based u appy to discuss any questior s.	
Parent/Guardian (print)			
Signature		Date	
Delicy offerting 09/01/2015			