

NOTICE TO OUR PATIENTS

Cancellation Policy

If you are unable to keep your scheduled appointment; please call us at 509-960-7287 to reschedule your appointment. Appointments cancelled with less than 24 hours' notice will be subject to a fee of \$125.00.

If we do not hear from you; you will be considered a "no-show" and will be billed a fee of \$125.00.

Please sign below as acknowledgement of this policy. An unsigned form does not negate the policy.

Patient Name	Date
Prescri	ption Refill Policy
A <u>minimum</u> of 72 hours is required contact your pharmacy FIRST for	ed for prescription refill requests. Please r refills.

Patient Name Date

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