

The Pediatric Center, LLC

No-Show Policy

We make every effort to provide prompt medical care to all of our patients. If you are unable to keep a scheduled appointment, please let us know **in advance**. A **NO SHOW** is when a patient fails to keep a scheduled appointment. Three (3) no shows will require that you seek medical care for your children elsewhere (This will include the entire family). In the event that you have a special circumstance regarding your missed appointment, please contact our office manager. We understand that there may be issues beyond your control and want to be understanding of special circumstances.

If you are delayed and cannot make an appointment on time, please call to advise us of your situation, any significant delay may require the visit to be rescheduled.

By signing below, I acknowledge that I have read and understand the above statement.

| | |
|-------------------------------------|----------------------|
| _____ | ____/____/____ |
| Name of Patient | Date of birth |
| _____ | ____/____/____ |
| Name of Patient | Date of birth |
| _____ | ____/____/____ |
| Name of Patient | Date of birth |
| _____ | ____/____/____ |
| Name of Patient | Date of birth |
| _____ | ____/____/____ |
| Signature of Parent/Guardian | Date |