



## **LATE CANCELLATION AND MISSED APPOINTMENT**

### **FEE NOTICE**

***Appointments that are cancelled with less than 24-hour notice  
will be assessed a \$70 late-cancellation fee.***

***Please be sure to contact our office asap if you will not be able to make  
an appointment to avoid this charge.***

Thank you.

I acknowledge that I have received Dr. Freeland's late cancellation and missed appointment notice and that my account will be charged \$70 for each occurrence.

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

Patient: \_\_\_\_\_ Date: \_\_\_\_\_