



4809 Argonne Street, Suite 150
Denver, CO 80249

Late Arrival / No Show Policy

We realize emergencies and illnesses occur, however, a courtesy phone call allows us to use our time for another patient. Your cooperation will help us continue to provide quality services and maintain accurate scheduling.

I, _____, understand that I must arrive to my scheduled appointment NO MORE THAN 10 minutes after the appointment time.

If I arrive more than 10 minutes after my appointment time, I may be asked to re-schedule the appointment for another date and/or time.

I also understand that 24 hours notice is required for all cancelations, or it is possible that a \$40.00 No Show fee will be enforced.

Patient Printed Name

Patient or Guardian Signature

Today's Date