

Patient Name: _____ Date of Birth: _____

At Bryan Health, our goal is to serve our patients with respect for your time. To do this we ask that you help us by arriving on time and giving us notice when you can't make an appointment. This allows us to remain on schedule and honor the time commitments of all our patients, and to open cancelled appointments to patients who need to be seen.

Late Arrivals: If you arrive after your scheduled appointment time, we will try to work you into our schedule if that is an option without delaying the appointments of other patients. However, if this is not possible, we may ask you to reschedule your appointment.

Cancellation/No Show: We ask that you give 24 hours' notice if you need to cancel an appointment. We understand that emergencies do happen, and 24-hour notice may not always be possible. If you do not show up for your appointment without calling or giving advance notice for three appointments or if you repeatedly cancel appointments, we will evaluate whether we can continue to care for you as a patient due to the disruption in the schedule that this causes for our other patients.

Signing this form shows that you understand the importance of arriving on time to your appointment and calling in advance to cancel an appointment, as outlined above.

Document Completed/Signed by:

- Patient
- Person Authorized to consent/sign

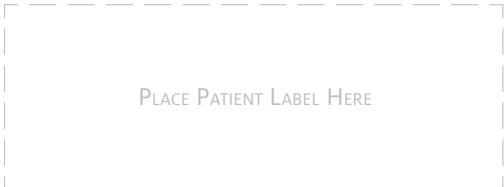
If person authorized to consent/sign complete the following:

Relationship to Patient:

- Health Care Power of Attorney
- Guardian
- Spouse
- Child
- Parent

Bryan Health

CANCELLATION/LATE ARRIVAL POLICY



- Sibling
- Grandparent
- Aunt/Uncle

Full Name: _____

Reason Patient unable to sign if not minor patient: _____

Patient/Person Authorized to Consent/Sign: _____

