



2149 E. Baseline Rd, Tempe, AZ 85283
PH(480) 345-0034 F(480)345-4033

Notice of No Show Fee Vein Ablation

Please be advised that we require a 24 business hour notice to cancel or reschedule your procedure with our office. Breaking an appointment hinders our ability to care for you as well as others, because we lose a time slot that could have been used to help another patient. Because of these reasons, you will be responsible for a \$75.00 no show fee. This fee will also apply if you are more than 30 minutes late for your appointment.

I _____ understand that if I do not show up for my scheduled procedure, cancel or reschedule my procedure 24 business hours before the scheduled time, or I am 30 minutes late I will be charged a \$75.00 no show fee.

Print Name

Date

Signature

Date

Date of procedure

Time